1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15 (4)
30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00671 00671

1. DECEASED-NAME (Type or print) First: WILLIAM Middle: CHARLES Last: ADAMS		2a. DATE OF DEATH Month Day Year: JANUARY 5, 1968	2b. HOUR: 1:10 A M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 7-31-1894	6. AGE (In years last birthday): 73 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer	12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore City	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: No fixed address			
14. FATHER'S NAME First: FRANK Middle: - Last: ADAMS		15. MOTHER'S MAIDEN NAME First: ROSALIE Middle: - Last: (Last unk.)	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 707-01-9061-A	17. INFORMANT Address: Records, Springfield State Hospital	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(b) Far advanced, active pulmonary tuberculosis — Months

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

4221

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 8-17-67, 19____, to 1-5-68, 19____, that (I) (we) last saw the deceased alive on 1-5-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Dr. Antonius Glahn DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒		22c. DATE SIGNED: 1/5/68
22d. PHYSICIAN'S NAME (Type): Antonius Glahn, M. D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 1-6-68	23c. NAME OF CEMETERY OR CREMATORY: Freedom Cemetery	23d. LOCATION (City or Town): Sykesville	(County): (State): Md.
24. FUNERAL DIRECTOR: Harry W. Haight	ADDRESS: Sykesville, Md.	25a. RECD BY REGISTRAR DATE: JAN 9 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00672 (00672)

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Annie	Laurie	Baumann	1 11 68	9:00 AM M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
female	white	9/18/86	81 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Georgia	USA		Carroll Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Rural--Sykesville	Springfield State Hospital	housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Montgomery	Chevy Chase	YES ☒ NO ☐	4730 Bradley Boulevard

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Henry	?	Goller	?	?	?

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	578-48-0749	Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1IMMEDIATE CAUSE (a)	Congestive heart failure	days
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic cardiovascular disease	years
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4129 4221

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chronic brain syndrome with senile brain disease with psychotic reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 6/28/ , 1966 , to 1/11/ , 1968 , that (I) (we) last saw the deceased alive on 1/11/ 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
Renato R Espina					1/11/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Renato R. Espina, M. D.	Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1-15-68	Cedar Hill Cemetery	Suitland, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Maryland	JAN 15 1968	J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 1-68
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00673 00673

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: CHARLES	Middle: HOYTE	Last: BAYTUP	2a. DATE OF DEATH Month: JANUARY Day: 19 Year: 1968	2b. HOUR: 3:20 A.M.
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH: 3-3-07	6. AGE (In years last birthday): 60 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Virginia	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Carpenter	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore City	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: No fixed address	
14. FATHER'S NAME First: Charles	Middle	Last: Baytup	15. MOTHER'S MAIDEN NAME First: Charlotte	Middle	Last: (Unk.)
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Records, Springfield State Hospital	Address	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic rheumatic (mitral valve) heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years
3940
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
410 X

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)	
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1-11-68, 19____, to 1-19-68, 19____, that (I) (we) last saw the deceased alive on 1-19-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Agustin del Campo. DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒			22c. DATE SIGNED: 1-25-68
22d. PHYSICIAN'S NAME (Type): Agustin del Campo, M. D.		22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 1-26-68	23c. NAME OF CEMETERY OR CREMATORY: ANAT. BD. OF MD. MED. SCHOOL Md.	23d. LOCATION (City or Town): BALTIMORE	(County) (State): Md.
24. FUNERAL DIRECTOR: Newell Funeral Home	ADDRESS: Reisterstown 1-8-68	25a. REC'D BY REGISTRAR DATE: JAN 30 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

D. L. N.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00674 00674

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A-(14)
30M REV. 1/68

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
PAULINE	ELIZABETH	HORTON BEZVODA	1-	9-	1968	10:40 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS HOURS	MIN.
female	white	2/4/94	73 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
Virginia	USA		Carroll Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Rural--Sykesville	Springfield State Hospital	Practical nurse	(Hospital)

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.		Baltimore	YES ☒ NO ☐	1615 Park Avenue

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	-	Horton	Nancy	?	?

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
no	544-12-0314	Springfield Hospital Records, Sykesville, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — years

DUE TO, OR AS A CONSEQUENCE OF (c) Diabetes Mellitus — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2509 260X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).
Chronic brain syndrome associated with cerebral arteriosclerosis without qualifying phrase.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that ☒ (this hospital) attended the deceased from 8/27/, 1965, to 1/9/, 1968, that ☒ (we) last saw the deceased alive on 1/9/ 1968, and that in ~~(his)~~ (our) opinion death occurred at the date and hour and from the causes stated above, ~~I~~ (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Gracito V. Patricio		☐	☐	☒	1/9/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
GRACITO V. PATRICIO	Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1-11-68	New Freedom	Sykesville Md

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Harry W. Knight Sykesville, Md.	JAN 16 1968	Charles Judge

Items 18-22 film 396
1-23-68 mt
Item 2a Film G397 1/31/68 kk

Items 13a,b,c, &e Film G398
2/28/68 kk 00675

00675

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM1. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: GEORGE	Middle: R.	Last: BOTZLER	2a. DATE KNOWN OF DEATH ☒ / ESTIMATED ☐	Month: Jan.	Day: 13	Year: 68	2b. HOUR	M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH	6. AGE (In years last birthday): 72 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	2c. DATE PRONOUNCED DEAD: Month: January	Day: 12,	Year: 1968	2d. HOUR: 11:05	P. M
7a. BIRTHPLACE (State or foreign country): Baltimore, Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: CARROLL	Md.							
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): Springfield State	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): none	12b. KIND OF BUSINESS OR INDUSTRY								
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: 2413 McElderry St., 21205 Springfield State							
14. FATHER'S NAME: First George	Middle	Last: Botzler	15. MOTHER'S MAIDEN NAME: First Frances	Middle	Last: Mack						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: John N. Botzler, brother,	ADDRESS: 2 Friendship Circle 21222								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Septicemia complicating burns of buttocks
DUE TO, OR AS A CONSEQUENCE OF: and lower extremities
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: HOUR A.M. 6 P.M. 1-6 19 68	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Scalded by hot water

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Springfield State Hosp	21f. LOCATION Street or R.F.D. No.	City or Town: Sykesville	County: Carroll	State: Md

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED: January 15, 1968

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1/15/68	Oak Lawn Cemetery	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc. 3331 Brehms Lane	JAN 17 1968	

VR A15M8(5)
10M REV. 1/68

1

00676

Items 13b,c, & e Film G397 2/7/68 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00676

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 and 3 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First: ETTA	Middle: MAY	Last: BUEL	2a. DATE OF DEATH Month: Jan. Day: 26 Year: 68	2b. HOUR 4:43 P.M.	
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Nov. 8, 1876	6. AGE (In years last birthday) 91 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY? USA.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: Manchester MD	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 132 N. MAIN ST Longview Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife	12b KIND OF BUSINESS OR INDUSTRY: Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Baltimore Carroll	13c. CITY OR TOWN: Baltimore Manchester	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 7826 Westmoreland ~~Avenue~~ 132 N. MAIN STREET	
14. FATHER'S NAME First: ?	Middle	Last: ARMACOST	15. MOTHER'S MAIDEN NAME First: (?)	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)	16b SOCIAL SECURITY NO. 215-48-6396	17 INFORMANT: Mrs Lorain Gourley	Address 7826 Westmoreland Ave Baltimore Md.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Chronic Hypertension
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. 414.7
DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF (c)
APPROX MATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4221

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from Jan 7, 1962, to Jan 26, 1968, that (I) (we) last saw the deceased alive on Jan 25 1968, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated abave, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Joseph E. Bush MD DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS. ☐ 22c. DATE SIGNED: Jan 68

22d. PHYSICIAN'S NAME (Type): Joseph E. Bush MD 22e. ADDRESS: 3 HAMPSTEAD Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 1/29/68	23c. NAME OF CEMETERY OR CREMATORY: ST. PETERS	23d. LOCATION (City or Town) (County) (State): CARROLL CO.	
24 FUNERAL DIRECTOR: Earl L. Bennett Jr.	ADDRESS: 3617 Chestnut Ave,	25a REC'D BY REGISTRAR DATE: JAN 29 1968	25b. REGISTRAR'S SIGNATURE: [illegible]	

VR A15 (4)
30M REV. 1/68

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any autopsy necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00677 00677

1. DECEASED NAME (Type or Print) First: AUGUSTUS	Middle: MILTON	Last: BUSSARD	2a. DATE KNOWN OF DEATH ESTIMATED ☒ Month: 1 Day: 27 Year: 1968	2b. HOUR ? M		
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Oct. 7, 1905	6. AGE (In years last birthday): 62 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: 1 Day: 28 Year: 1968	2d. HOUR 6:30 M
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll, Md.				
10. CITY OR TOWN OF DEATH: Mt. Airy	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R.D. 4	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Trucker	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: Mt. Airy	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: R. D. 4			
14. FATHER'S NAME First: Charles	Middle: T.	Last: Bussard	15. MOTHER'S MAIDEN NAME First: Clara	Middle: J.	Last: Baker		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO: ?	17. INFORMANT: Mrs. Ethel M. Snader	ADDRESS: R.D. 1 Westminster, Md.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — APPROX. INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4200

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒	
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M P.M 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: W. Glenn Speicher M.D.

EXAMINER'S NAME (Type): W. Glenn Speicher

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, City, Town or County): 135 E. Main St. Westminster, Md.

22b. DATE SIGNED: 1-28-68

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/31/1968	23c. NAME OF CEMETERY OR CREMATORY: Bethesda Cemetery	23d. LOCATION (City or Town) (County) (State): Nr. Gist Carroll Co., Md.	
24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Box 241, Sykesville, Md.	25a. RECD BY REGISTRAR DATE: JAN 31 1968	25b. REGISTRAR'S SIGNATURE: [illegible]		

VR 415ME (5) DM REV. 1/68

1

00678

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00678

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month, Day, Year	2b. HOUR
WALTER	RAYMOND	BYERS	JAN. 17 68	10:40 AM

3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
MALE	WHITE	FEB. 1, 1894	73 YRS.		

7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
CARROLL Co. MD.	U.S.A.	WIDOWED ☑	CARROLL CO. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
WESTMINSTER	CARROLL CO. GEN. HOSP.	LABORER IN SAW MILL	

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER
MARYLAND	CARROLL Co.	WESTMINSTER	YES ☐ NO ☑	R.D. #1

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
EZRA		BYERS	MARY		YINGLING

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFORMANT	Address
NO —	215-20-8617A	MRS. CARROLL E. BYERS	70 PENNA. AVE WESTMINSTER MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Con pulmonale

DUE TO, OR AS A CONSEQUENCE OF

(b) Pulmonary emphysema

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Uremia

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☑	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Jan 16, 1968 to Jan 17, 1968, that (I) (we) last saw the deceased alive on Jan 17, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
John S. Harshey	M.D.	☑	☐	☐	1/17/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
JOHN S. HARSHEY M.D.	8 Pendon St. Westminster Md.

23a BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c NAME OF CEMETERY ~~OR CREMATORY~~	23d. LOCATION (City or Town) (County) (State)
BURIAL	1/20/68	KRIDERS CEMETERY	RURAL, WESTMINSTER, MD

24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
J. E. Myers Jr. Westminster, Md.	JAN 22 1968	J. Charles Judge

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00679 00680

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 of 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
RETHA	HELEN	CAUFFMAN	JANUARY 20, 1968	8:30 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	White	4-27-06	61 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH
West Virginia	U.S.A.		Carroll Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Sykesville	Springfield State Hospital	Unk.	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Washington	Hagerstown	YES ☒ NO ☐	71 Nottingham Rd.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Asa	L.	Smith	Elizabeth		Shearr

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	219-12-0970	Records, Springfield State Hospital

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b) Arteriosclerotic heart disease

DUE TO, OR AS A CONSEQUENCE OF

(c) Diabetes Mellitus (uncontrolled)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) CBS assoc. with alcohol intoxication, with psychotic reaction

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 1-22-62, 19____, to 1-20-68, 19____, that (I) (we) last saw the deceased alive on 1-20-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS ☒	22c. DATE SIGNED
Dr. Antonius Ulahn			1-23-68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Antonius Ulahn, M.D.	Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	1-24-68	Amer. Bd. of Md. U. of Md.	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Newell Funeral Home Pikesville Md. 8-8-24	JAN 25 1968	Nicholas Judge

VR A15-M
30M REV. 1-68

1

00680

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00681

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A&B (4)
30M REV 1/68

1. DECEASED-NAME (Type or print) First: [illegible]	Middle: R.	Last: Condon	2a. DATE OF DEATH Month 1 Day 14 Year 68
2b. HOUR 5 36 PM			
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Oct. 1, 1[illegible]	6. AGE (In years last birthday) [illegible] YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): [illegible]land	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: New Windsor	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Route 1	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) [illegible]	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: [illegible]land	13b. COUNTY: Carroll	13c. CITY OR TOWN: New Windsor	13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: Route 1			
14. FATHER'S NAME First: Grafton	Middle: L.	Last: Condon	15. MOTHER'S MAIDEN NAME First: Naomi Middle: [illegible] Last: Cookerly
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 213-38-9029	17. INFORMANT: Mr. Chas. G. Condon [illegible]	Address: [illegible]

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 17 Days

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. T26.1

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

E21.0

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from 12/28/67, 19___, to 1/14/68, 19___, that (I) (~~we~~) last saw the deceased alive on 1/12/68, 19___, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: M. E. Robertson	MD DEGREE	ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 1/15/68
22d. PHYSICIAN'S NAME (Type): DR. M. E. ROBERTSON	22e. ADDRESS: New Windsor, Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify) [illegible]	23b. DATE 1/17/196[illegible]	23c. NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery	23d. LOCATION (City or Town) (County) (State): Carroll Co., Md.	
24. FUNERAL DIRECTOR: [illegible]. M. Walsh	ADDRESS: Boonsboro, Sykesville, Md.	25a. REC'D BY REGISTRAR DATE JAN 17 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06681 — 06682

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15
30M REV 1/68

1. DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Helen	Barbara	Cook	1 - 14 - 68	4:00 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN
Female	White	9-17-04	63 YRS		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH
Maryland	USA		Carroll Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Sykesville	Springfield State Hospital	Retired Bookkeeper	--

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Maryland	City	Baltimore		5310 York Road

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
John	A.	Hummer	Anna		Demek

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	215-07-1126	Records, Springfield State Hospital Sykesville, Maryland 21784

MED CAL CERTIFICAT ON

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease with congestive heart failure and hypertension

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Seconds / Years

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that ☒ (this hospital) attended the deceased from January 10, 1968, to January 14, 1968, that ☒ (we) last saw the deceased alive on January 10 1968, and that in ☒ (our) opinion death occurred on the date and hour and from the causes stated above, ☒ (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Dr. Antonius Glahn			☐	☒	January 14, 1968

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Antonius Glahn, M. D.	Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1/18/1968	Holy Redeemer	Baltimore, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Eugenia K. Seitz 5209 York Rd. Balto. Md. Seitz Funeral Home 21212	JAN 16 1968	Juliette Judge

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A13-1
30M REV 6-68

00682

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00683

1. DECEASED NAME (Type or print) First / Middle / Last	RAYMOND STEWART COOK	2a. DATE OF DEATH Month / Day / Year	1 / 7 / 68
2b. HOUR	11:20 A M		
3. SEX	MALE	4. RACE	WHITE
5. DATE OF BIRTH	APRIL 26, 1896	6. AGE (In years last birthday)	71 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Carroll Co. Md.	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH	CARROLL COUNTY Md
10. CITY OR TOWN OF DEATH	SYKESVILLE RD#2	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	RT. 26 and ARTHUR SHIPLEY RD.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	FARMER	12b. KIND OF BUSINESS OR INDUSTRY	SELF EMP.
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	MARYLAND	13b. COUNTY	CARROLL
13c. CITY OR TOWN	SYKESVILLE RD#2	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	
13e. STREET AND NUMBER	RT. 26 and ARTHUR SHIPLEY RD.		
14. FATHER'S NAME First / Middle / Last	CALVIN E. COOK	15. MOTHER'S MAIDEN NAME First / Middle / Last	MOLLIE E. DANNER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)	NO	16b. SOCIAL SECURITY NO.	218-34-1242
17. INFORMANT	MRS. RAYMOND S. COOK	Address	SAME ADDRESS

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Arrest, A.S.H.D.	
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerosis Generalized	1965
DUE TO, OR AS A CONSEQUENCE OF (c)	Coronary Thrombosis	1-1-68

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

7 . . .

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 1965, 19____, to 1-1-, 1968, that (I) (~~we~~) last saw the deceased alive on 1-1-1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	Howard E. Hall	DEGREE: ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)	HOWARD E. HALL	22e. ADDRESS	Sykesville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY ~~OR CREMATORY~~	23d. LOCATION (City or Town) (County) (State)	
BURIAL	1/4/68	KRIDERS CEMETERY	Rural Westminster CARROLL, MD	
24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	JAN 5 1968	25b. REGISTRAR'S SIGNATURE
J. E. Myers Jr. Westminster, MD.				J. Charles Judge

00683

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00684

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 10-1
30M REV 1-68

1. DECEASED-NAME (Type or print) First: BEULAH	Middle: (NMN)	Last: COOLEY	2a. DATE OF DEATH Month: JANUARY Day: 9 Year: 1968
2b. HOUR: 8:55 P M			
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 5-21-01	6. AGE (In years last birthday): 66 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / M.N.		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery	13c. CITY OR TOWN: Dickerson	13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: None			
14. FATHER'S NAME First: Bud	Middle:	Last: McDonald	15. MOTHER'S MAIDEN NAME First: Mary Middle:	Last: Ramick
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown: NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 220-54-6702	17. INFORMANT Address: Records, Springfield State Hospital	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Uremia & gangrene of right leg — Approximate interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF

(b): Hypertensive arteriosclerotic cardiovascular disease — Years

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4120 443X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CBS assoc. with CNS syphilis, meningovascular, with psychotic reaction
Diabetes

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 11-21-39, 19____, to 1-9-68, 19____, that (I) (we) last saw the deceased alive on 1-9-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Dr. Antonius Glahn	DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [ ] STAFF PHYS [ ]	22c. DATE SIGNED: 1-10-68
22d. PHYSICIAN'S NAME (Type): Antonius Glahn, M. D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/13/68	23c. NAME OF CEMETERY OR CREMATORY: Hyattstown Meth -	23d. LOCATION (City or Town) (County) (State): Hyattstown Monty - Md.	
24. FUNERAL DIRECTOR: Constance C. Hilton	ADDRESS: Barnesville	25a. REC'D BY REGISTRAR DATE: JAN 16 1968	25b. REGISTRAR'S SIGNATURE: Charles Lynch	

1

FOR STATE HEALTH DEPT.

Items 21&22a Film 397

1-31-68

00684

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00685

1 DECEASED NAME (Type or Print) First Middle Last: BRUCE ARTHUR DE LONG

2a DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month Day Year: 1-21 1968

2b HOUR: 6:40 PM

3 SEX: Male

4 RACE: White

5 DATE OF BIRTH: 08/04/40

6 AGE (In years last birthday): 27 YRS.

IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS: HOURS MIN.

2c. DATE PRONOUNCED DEAD Month 1 Day 21 Year 1968

2d HOUR: M

7a BIRTHPLACE (State or foreign country): New York

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll County Md

10 CITY OR TOWN OF DEATH: Sykesville

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hosp.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): none

12b. KIND OF BUSINESS OR INDUSTRY: None

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b COUNTY: Frederick

13c CITY OR TOWN: Frederick

13d INSIDE CITY LIMITS? YES [ ] NO [X]

13e STREET AND NUMBER: Route # 2

14 FATHER'S NAME First Middle Last: Lawrence DeLong

15 MOTHER'S MAIDEN NAME First Middle Last: Dorothy Tollerton

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: none

17 INFORMANT: Hospital records ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Asphyxia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes

1X

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b) occlusion of larynx and bronchi by food mostly

DUE TO, OR AS A CONSEQUENCE OF

(c) chicken chunks.

121.7

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Mental deficiency, moderate. Psychosis?

MEDICAL CERTIFICATION

19a. DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES [X] NO [ ]

21a EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b TIME OF INJURY Month, Day, Year: 1-21 1968 HOUR A.M. P.M.

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Choked while eating

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Springfield State Hosp.

21f LOCATION Street or R.F.D. No. City or Town: Sykesville County: Carroll State: Md.

22a **I certify** that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: W. Glenn Speicher M.D.

CHIEF MEDICAL EXAMINER [ ]

ASSISTANT MEDICAL EXAMINER [ ]

DEPUTY MEDICAL EXAMINER [X]

22b DATE SIGNED: 1-21-68

EXAMINER'S NAME (Type): W. Glenn Speicher, M. D.

ADDRESS (Street or R.F.D. No., City or town, County): [illegible] Westminster Carroll

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/21/68

23c NAME OF CEMETERY OR CREMATORY: Resthaven Memorial Gardens

23d LOCATION (City or Town) (County) (State): Frederick, Md.

24 FUNERAL DIRECTOR ADDRESS: Robert E. Bailey & Son, Fred., Md.

25a REC'D BY REGISTRAR DATE: JAN 24 1968

25b REGISTRAR'S SIGNATURE: J. Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PME. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 10M REV. 1/68

1

00685 00686

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: Ethel Middle: Charlotte Last: Dixon
2a. DATE OF DEATH Month: 1 Day: 4 Year: 68
2b. HOUR: 6:30 am

3. SEX: female
4. RACE: white
5. DATE OF BIRTH: 11/13/95
6. AGE (In years last birthday): 72 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS.: HOURS / M.N.

7a. BIRTHPLACE (State or foreign country): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): housewife
12b. KIND OF BUSINESS OR INDUSTRY: Own home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spr.
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 4103 Hewitt Avenue

14. FATHER'S NAME First: Harry Middle: W. Last: Paine
15. MOTHER'S MAIDEN NAME First: Charlotte Middle: - Last: Wollin

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 577-36-9255B
17. INFORMANT / Address: Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarction | days
DUE TO, OR AS A CONSEQUENCE OF
(b) Generalized arteriosclerosis | years
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4201

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
Chronic brain syndrome with senile brain disease with psychotic reaction.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (this hospital) attended the deceased from 8/16/, 1966, to 1/4/, 1968, that (we) last saw the deceased alive on 1/4/ 1968, and that in (our) opinion death occurred on the date and hour and from the causes stated above. (we) (did) view the body after death.

22b. SIGNATURE: Paul G. Ensor M.D. DEGREE
ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒
22c. DATE SIGNED: 4 January '68
22d. PHYSICIAN'S NAME (Type): Paul G. Ensor, M. D.
22e. ADDRESS: Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 8, 1968
23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
23d. LOCATION (City or Town) (County) (State): Suitland, Maryland

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. [signature] Thomas
ADDRESS: 8434 Georgia Ave Silver Spring, Md.
25a. REC'D BY REGISTRAR DATE: JAN 10 1968
25b. REGISTRAR'S SIGNATURE: J Charles Judge

VR 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00686 — 00687

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Nina — Middle: Belle — Last: Duvall
2a. DATE OF DEATH: Month 1 Day 13 Year 1968 — 2b. HOUR: 1230A M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Aug. 7, 1880
6. AGE (In years last birthday): 87 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Mon[illegible]ills
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): [illegible] Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): [illegible]
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: R.D. 1
14. FATHER'S NAME: First: Malachie — Middle — Last: Hills
15. MOTHER'S MAIDEN NAME: First: Mary — Middle — Last: Gosnell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes, give war or dates of service)
16b. SOCIAL SECURITY NO.: 216-[illegible]-0033
17. INFORMANT: Address: Mrs Edna Barnhart Westminster, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years
4 '4 7
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): Valvular Heart Disease — 20 years
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4214

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 2-13, 1944, to 1/13, 1968, that (I) (we) last saw the deceased alive on 1/12 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Julius Chepko M.D — DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 1/13/68
22d. PHYSICIAN'S NAME (Type): Julius Chepko, M.D
22e. ADDRESS: 85½ W. Green St Westminster, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 1/16/1968
23c. NAME OF CEMETERY OR CREMATORY: [illegible]
23d. LOCATION (City or Town) (County) (State): [illegible]
24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]
25a. REC'D BY REGISTRAR DATE: JAN 17 1968
25b. REGISTRAR'S SIGNATURE: [illegible]

VII A 1 S 1 A
30M REV 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00687 — 00688

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Mary — Middle: (NMN) — Last: Engnoth
2a. DATE OF DEATH: 1 Month 1 Day 68 Year — 2b. HOUR: 9:15 AM
3. SEX: female
4. RACE: white
5. DATE OF BIRTH: 1879
6. AGE (In years last birthday): 89 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Germany
7b. CITIZEN OF WHAT COUNTRY?
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): None
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution - Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore City
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 719 Milton Ave.
14. FATHER'S NAME: First: Charles — Middle — Last: Engnoth
15. MOTHER'S MAIDEN NAME: First: Elanora — Middle: R. — Last: Marks
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 220-54-6387
17. INFORMANT: Springfield Hospital, Address: Sykesville, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS.
4 1 0
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4341
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): (undiff.)
CBS Assoc. With senil Brain disease with psychotic reaction, mental deficiency

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 4-10-, 19 06, to 1-1-, 19 68, that (I) (we) last saw the deceased alive on 1-1-, 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: Naci Buyukunsal M.D. — DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 1-1-68
22d. PHYSICIAN'S NAME (Type): Naci N. Buyukunsal, M.D.
22e. ADDRESS: Springfield State Hosp. Sykesville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-6-68
23c. NAME OF CEMETERY OR CREMATORY: SCHWARTZ'S CEMETERY
23d. LOCATION (City or Town) (County) (State): BALTIMORE MD.
24. FUNERAL DIRECTOR: HOFFMANN FUNERAL HOME — ADDRESS: 3218 HUDSON ST
25a. REC'D BY REGISTRAR DATE: JAN 15 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR A1 5-41
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00688 — 00679

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Jesse	Middle: F. W.	Last: Eyler	2a. DATE OF DEATH: January (Month) 31 (Day) 1968 (Year)	2b. HOUR: 2 A M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: March 10, 1890	6. AGE (In years last birthday): 77 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Frederick Co.Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: R.D.2, Westminster, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R. D. 2	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farming	12b. KIND OF BUSINESS OR INDUSTRY: Farm		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: Westminster	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: R. D. 2	
14. FATHER'S NAME: First William Middle G. Last Eyler	15. MOTHER'S MAIDEN NAME: First Anna Middle Last Bittinger				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-26-9116	17. INFORMANT: Mrs. Mary S. Eyler	Address: Westminster, Md. R.D. 2		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
DUE TO, OR AS A CONSEQUENCE OF
(b):
DUE TO, OR AS A CONSEQUENCE OF
(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. +10.7

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 3/31/67, 19___, to 1/30, 19 68, that (I) (we) last saw the deceased alive on 1/30/68, 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: George L. Morningstar M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 2/1/68		
22d. PHYSICIAN'S NAME (Type): George L. Morningstar, MD.	22e. ADDRESS: Emmitsburg, Maryland.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2/3/68	23c. NAME OF CEMETERY OR CREMATORY: Grace Lutheran Cemetery	23d. LOCATION (City or Town) (County) (State): Rocky Hill, Frederick Co. Md.	
24. FUNERAL DIRECTOR: Richard A. Little	ADDRESS: Littlestown, Pa.	25a. REC'D BY REGISTRAR DATE: FEB 5 1968	25b. REGISTRAR'S SIGNATURE	

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00689 00689

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: William	Middle: E.	Last: Frederick	2a. DATE OF DEATH Month: Jan. Day: 27 Year: 68	2b. HOUR: 5 PM	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: July. 8, 1883	6. AGE (In years last birthday): 84 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Carroll Co.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md		
10. CITY OR TOWN OF DEATH: Hampstead	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 36 N. Main St.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c. CITY OR TOWN: Hampstead	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 36 N. Main St.	
14. FATHER'S NAME First: Jacob	Middle:	Last: Frederick	15. MOTHER'S MAIDEN NAME First: Elizabeth	Middle:	Last: Stine
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 216-22-8072	17. INFORMANT: Olive Frederick	Address: Hampstead	(wife)	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Softening	4 weeks
DUE TO, OR AS A CONSEQUENCE OF (b)	Cerebral Arteriosclerosis	3 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	General Arteriosclerosis	20 yrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Coronary Atherosclerosis & Heart Failure

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State

22a. **I certify** that (I) (this hospital) attended the deceased from Jan. 26, 1968, to Jan. 27, 1968, that (I) (we) last saw the deceased alive on Jan. 26, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M.C. Porterfield DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ | 22c. DATE SIGNED: Jan 27, 1968

22d. PHYSICIAN'S NAME (Type): M.C.Porterfield | 22e. ADDRESS: Hampstead, Maryland.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Jan. 29, 1968	Manchester Cemetery	Manchester Carroll Co. Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Tipton - Eline Funeral Home Hampstead, Md.	FEB 1 1968	Charles Yingling

VR A15 (4)
3DM REV. 1/68

00690

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00690

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the informant, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1. DECEASED-NAME (Type or print): First: Elizabeth; Middle: R.; Last: Fridinger
2a. DATE OF DEATH: Month: 1; Day: 29; Year: 68
2b. HOUR: 3:55 PM
3. SEX: Female
4. RACE: white
5. DATE OF BIRTH: Sept 12, 1890
6. AGE (In years last birthday): 77 YRS. (If under year: Months; Days; If under 24 hrs.: Hours; Min.)
7a. BIRTHPLACE (State or foreign country): Carroll Co.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Manchester
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Longview Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): housewife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Manchester
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER: Route # 1.
14. FATHER'S NAME: First: Laurence; Middle: ; Last: Rust
15. MOTHER'S MAIDEN NAME: First: Barbara; Middle: ; Last: Theait
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 215-20-9851
17. INFORMANT (Informant) Address: John Fridinger Manchester Md Route # 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cerebral Thrombosis — APPROX. INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
4127
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(b): Arteriosclerotic C.V. Disease — 10 years
DUE TO, OR AS A CONSEQUENCE OF
(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Diabetes Mellitus

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 12-64, 1967, to 1-29, 1968, that (I) (we) last saw the deceased alive on 1-29 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M.C. Porterfield — DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED:
22d. PHYSICIAN'S NAME (Type):
22e. ADDRESS:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 1, 1968
23c. NAME OF CEMETERY OR CREMATORY: Immanuel Cemetery
23d. LOCATION (City or Town) (County) (State): Manchester Carroll Co. Md.
24. FUNERAL DIRECTOR ADDRESS: Tipton - Eline Funeral Home Hampstead, Md.
25a. REC'D BY REGISTRAR DATE: FEB 1 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

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00691

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00691

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
30M REV 1/68

1. DECEASED-NAME (Type or print)	First: L [illegible]	Middle: P.	Last: [illegible]TZ	2a. DATE OF DEATH Month: Jan. Day: 4, Year: 1968	2b. HOUR: 2:50 P.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Oct. 8, 1910	6. AGE (In years last birthday): 57 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Fred. Co., Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll County, Md.			
10. CITY OR TOWN OF DEATH: New Windsor	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rt. 1 Box 147	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer	12b. KIND OF BUSINESS OR INDUSTRY: Sales			
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: New Windsor	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Rt. 1 Box 147		
14. FATHER'S NAME First: Charles	Middle: C.	Last: Fritz	15. MOTHER'S MAIDEN NAME First: Gertie	Middle: M.	Last: Glass	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 214-16-1907	17. INFORMANT: Mrs. Vernie V. Fritz	Address: Same As #13		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a): Anaplastic carcinoma of mediastinum — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 months

DUE TO, OR AS A CONSEQUENCE OF (b): Generalized metastases — 3 months

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. — 1631

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from _____, 19____, to 1/4, 1968, that (I) (~~was~~) last saw the deceased alive on 1/2, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) [redacted] (did not) view the body after death.

22b. SIGNATURE: James P. Kerr M.D.	DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 1/5/68	
22d. PHYSICIAN'S NAME (Type): James P. Kerr	22e. ADDRESS: Damascus, Maryland		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 7, 1968	23c. NAME OF CEMETERY OR CREMATORY: Lit[illegible]more	23d. LOCATION (City or Town) (County) (State): Frederick Co., Md.	
24. FUNERAL DIRECTOR: [illegible]oz	ADDRESS: [illegible]	25a. REC'D BY REGISTRAR DATE JAN 9 1968	25b. REGISTRAR'S SIGNATURE: J. Charles Judge	

1

00692

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00692

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
KATIE	MAY	GARMAN	Jan.	18	68	5:30 AM

3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
Female	White	Feb 24 1884	83 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Penna	USA.		Carroll Md.

10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Manchester	125 N main St. Longview Nursing Home	Housewife	Home

13a USUAL RESIDENCE (Where deceased lived, if inst tut on Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER
Maryland	Baltimore	Reisterstown	YES ☒ NO ☐	59 Main Street

14 FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Levy	G	Bortner	Ellen	Smith	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b SOCIAL SECURITY NO.	17 INFORMANT	Address
no	216-01-0691	Millard F. Garman	Reisterstown Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Chronic Myocarditis

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis Cardio Vascular Renal

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4221

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, not fy medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from March 8, 1967, to Jan 18, 1968, that (I) ~~(we)~~ last saw the deceased alive an Jan 17 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c DATE SIGNED
Joseph E Buch MD	MD	☒	☐	☐	Jan, 18, 68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Joseph E Buch MD	Hampstead Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
Burial	1/20/68	Stone Cemetery	Brodeck Penna.

24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. F. Eline & Sons Reisterstown, Md.	JAN 22 1968	J Charles Yingling

VR A15 14)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00693 00693

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
THOMAS	RAY	GORSUCH	Jan.	17	68	3:00 AM

3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN.
MALE	WHITE	FEB. 14, 1891	76 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 COUNTY OF DEATH
BLAIR Co. PA.	U.S.A.		CARROLL Co. Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
WESTMINSTER RD#7 Box # 179		Railroad Engineer	Penna R.R.

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	CARROLL	WESTMINSTER	YES ☐ NO ☑	PLEASANT VALLEY RD

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
JOSHUA	ROLLER	GORSUCH	BLANCHE	CROFT	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17 INFORMANT	Address
		716-14-2500	MRS EVELYN S. GORSUCH,	SAME ADDRESS

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease

DUE TO, OR AS A CONSEQUENCE OF (b) With Decompensation

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 429.1

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Several yrs

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Glaucoma Bilateral

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES ☐ NO ☒	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 1-2, 196 , to 1-17, 1968, that (I) (we) last saw the deceased alive on Jan 17 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE	DEGREE	ATTENDING PHYS ☒	MED DIRECTOR ☐	STAFF PHYS. ☐	22c DATE SIGNED
William Speicher	Md				1-17-68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
	Westminster Md 21157

23a BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
REMOVAL	1/20/68	PENN-LINCOLN MEM GARDENS,	E. MC KEESPORT, PA.

24 FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
E. E. Myers Jr.	Westminster, Md.	JAN 19 1968	Charles Judge

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

00684 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00694

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15-4
30M REV 1-68

1. DECEASED-NAME (Type or print) First: ~~Error~~ Hampt	Middle: Goldie M.	Last: HAMPT	2a. DATE OF DEATH Month: 1	Day: 12	Year: 68	2b. HOUR: 6:30 A M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Sept. 3, 1892	6. AGE (In years last birthday): 75 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.			
10. CITY OR TOWN OF DEATH: MANCHESTER	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): LONG VIEW Nsg. Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md	13b. COUNTY: Baltimore Upperco	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER		
14. FATHER'S NAME First: William	Middle	Last: Shaffer	15. MOTHER'S MAIDEN NAME First: Lydia	Middle: C.	Last: Hoffman	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 220-44-9546	17. INFORMANT: Walter Fuhrman	Address: Upperco, Md			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular Accident — Approximate interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF (b): generalized Arteriosclerosis — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Parkinsons Disease

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Sept, 1964, to Jan 12, 1968, that (I) (we) last saw the deceased alive on Jan 11 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
W. H Foard M.D.		☑	☐	☐	1/12/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
W. H Foard M.D	Manchester, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	1/15/68	Mt. Zion Cemetery	Upperco	Balto.	Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Tipton - Eline Funeral Home Hampstead, Md.	JAN 17 1968	[signature]

1

00695

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00695

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2) and should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1. DECEASED NAME (Type or print) First: Mervin; Middle: James; Last: Harner		2a. DATE OF DEATH Month: January; Day: 21; Year: 1968	2b. HOUR: 1 P.M.
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: January 16, 1891	6. AGE (In years last birthday): 77 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Carroll County Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Mailing Littlestown, Pa. R-1	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Mailing Address Littlestown, Pa. R-1	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Canner	12b. KIND OF BUSINESS OR INDUSTRY: Canning Factory
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: Littlestown	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: R. D. 1
14. FATHER'S NAME First: James; Middle: J.; Last: Harner		15. MOTHER'S MAIDEN NAME First: Sarah; Middle: Ann; Last: Heagy Warner	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 187-30-0006	17. INFORMANT: Mrs. Laura C. Harner, Littlestown, Pa. R-1	Address: Carroll Co. Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Cecum with Metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 1530

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
/

19a. DATE OF OPERATION: 11-13-67	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: EXPLORATORY LAPAROTOMY	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D No. City or Town County State	

22a. I **certify** that (I) (~~this hospital~~) attended the deceased from 10-28, 1967, to 1-24, 1968, that (I) (~~we~~) last saw the deceased alive on 1-20 1968, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: L. L. Potter M.D., DEGREE; ATTENDING PHYS [X]; MED. DIRECTOR [ ]; STAFF PHYS. [ ]			22c. DATE SIGNED: 1-23-68
22d. PHYSICIAN'S NAME (Type): L. L. POTTER M.D.		22e. ADDRESS: 12 W. KING ST. LITTLESTOWN, PA.	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/24/68	23c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery	23d. LOCATION (City or Town) (County) (State): Nr. Littlestown, Adams Co. Pa.
24. FUNERAL DIRECTOR: Richard A. Little	ADDRESS: Littlestown, Pa.	25a. REC'D BY REGISTRAR DATE: JAN 24 1968	25b. REGISTRAR'S SIGNATURE: Charles Junge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00696 00696

1. DECEASED-NAME (Type or print): First ANNA Middle BELLE Last HARTZELL
2a. DATE OF DEATH: Month JANUARY Day 8 Year 1968
2b. HOUR: 6:30 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 5-16-1885
6. AGE (In years last birthday): 82 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): None
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore City
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 2500 Garrison Ave.
14. FATHER'S NAME First James Herbert Middle Lost Shipley
15. MOTHER'S MAIDEN NAME First Isadora Middle Lost Warfield
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 216-10-0807
17. INFORMANT Address: Records, Springfield State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) ~~Arteriosclerotic Cardiovascular disease with~~ chronic heart failure
DUE TO, OR AS A CONSEQUENCE OF
(b) ~~Cerebral arteriosclerosis~~
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years / ~~Years.~~

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 12-8-67, 19__, to 1-8-68, 19__, that (I) (we) last saw the deceased alive on 1-8-68 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE DEGREE: Dr. Antonius Glahn ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 1-9-68
22d. PHYSICIAN'S NAME (Type): Antonius Glahn, M. D.
22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/12/68
23c. NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore, Md.
24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tilman & Sons Baltimore, Md.
25a. REC'D BY REGISTRAR DATE: JAN 12 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15(4) 30M REV 1-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15ME(2)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00697 00697

1 DECEASED NAME (Type or Print)	First: VROOMAN	Middle: SMITH	Last: ~~HIGBY~~ HIGLEY, M.D.	2a. DATE OF DEATH KNOWN [X] EST [ ]	Month: 1/9/	Day	Year: 19 68	2b. HOUR: 2:30 A M			
3 SEX: Male	4 RACE: White	5. DATE OF BIRTH: Feb. 18, 1907	6 AGE (In years last birthday): 60 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c DATE PRONOUNCED DEAD: Month: January	Day: nine 9,	Year: 19 68	2d. HOUR: 2:30 A M		
7a. BIRTHPLACE (State or foreign country): New York	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	9 COUNTY OF DEATH: Carroll, Md.								
10 CITY OR TOWN OF DEATH: Uniontown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Uniontown, Maryland	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Medical Doctor	12b KIND OF BUSINESS OR INDUSTRY: Hospital								
13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c CITY OR TOWN: Uniontown	13d INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER							
14. FATHER'S NAME First: Coleman	Middle: Smith	Last: Higby	15. MOTHER'S MAIDEN NAME First: Ida	Middle	Last: Vrooman						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): WW2	16b. SOCIAL SECURITY NO.: 575-38-4270	17 INFORMANT: Mr. Richard Murphy, Uniontown, Maryland	ADDRESS							

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arteriosclerotic and Hypertensive Cardiovascular Disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b) DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

443 X

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES [ ] NO [X]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [ ], and in my opinion death resulted from Natural causes [XX] Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz, M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 1/9/68

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1/12/68	Lutheran Cemetery	Uniontown, Carroll Co., Md.

24 FUNERAL DIRECTOR	ADDRESS	25a RECD BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
C.O. Fuss & Son	Taneytown, Md.	JAN 11 1968	J. Charles Judge

2 — 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00698 00698

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers - Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR	
CALVIN	LANNING	HILL	JANUARY 9, 1968	12 Noon M	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS HOURS / MIN.
Male	White	7-9-1883	84 YRS.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH		
New Jersey	U.S.A.		Carroll Md		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
Sykesville	Springfield State Hospital	Farmer	agriculture		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIM ITS? YES ☒ NO ☐	13e. STREET AND NUMBER	
Maryland	Baltimore City	Baltimore		5426 Narcissus Ave.	
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Davis Hill			Anna Runyon		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address		
No	154-01-1586-A	Records Springfield State Hospital			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

4129

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

4221

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 11-10-67, 19____, to 1-9-68, 19____, that (I) (we) last saw the deceased alive on 1-9-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Octavio A. Ruiz M.D. DEGREE — ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED 1-9-68

22d. PHYSICIAN'S NAME (Type) Octavio A. Ruiz, M. D. — 22e. ADDRESS Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	1-12-68	Highland	Hopewell		N. J.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Luther A. Haight	Sykesville, Md	JAN 12 1968	Charles Jones

1

00699

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00699

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15 M 30M REV 1/68

1. DECEASED NAME (Type or print)	First: Stella	Middle: (NMN)	Last: Hughlett	2a. DATE OF DEATH: 1 Month 13 Day 68 Year	2b. HOUR: 7:20 AM	
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: 9-26-1884	6. AGE (In years last birthday): 83 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.			
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: Sykesville	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Arrington Road		
14. FATHER'S NAME First: Unknown	Middle: Wm.M.	Last: Marshall	15. MOTHER'S MAIDEN NAME First: Unknown	Middle: Sarah	Last: Coulbourne	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-10-8629	17. INFORMANT: Springfield Records	Address: Sykesville, Md.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Terminal pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF

(b): ASCVD — years

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chronic Brain Syndrome associated with cerebral arteriosclerosis with psychotic reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. I certify that (I) (this hospital) attended the deceased from 12-4, 1966, to 1-13, 1968, that (I) (we) last saw the deceased alive on 1-13 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Renato R. Espina, M.D. DEGREE: M.D.	ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 1-13-68	
22d. PHYSICIAN'S NAME (Type): Renato R. Espina, M.D.	22e. ADDRESS: Springfield State Hospital, Sykesville, Md.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 15, 1968	23c. NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery	23d. LOCATION (City or Town) (County) (State): Cambridge, Md.	
24. FUNERAL DIRECTOR: Kenneth R. Howard	ADDRESS: Cambridge, Md.	25a. REC'D BY REGISTRAR DATE: JAN 16 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

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00700

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00700

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
MARY	I.	HUTCHISON	1	25	68	7.40 P.M.

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Female	Colored	May 15, 1890	77 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH
Maryland	U.S.A.		Carroll County, Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Mt. Airy	R. D. 2	Housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER
Maryland	Carroll	Mt. Airy		R. D. 2

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Oliver		West	Emma		Holland

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT	Address
No	213-18-8008	Mr. Morgan Hutchison	Same As #13

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Coronary Thrombosis acute, — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive heart Dis. c Arteriolar — 1964

410.9

DUE TO, OR AS A CONSEQUENCE OF (c) Anemia, N.B.P. — 1-25-68

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from 1964, 19___, to 1-25, 1968, that (I) (we) last saw the deceased alive on 1-25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS	22c. DATE SIGNED
Howard E Hall M.D.		[✓]	[ ]	[ ]	1/26/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Dr. Howard E. Hall	Sykesville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1/29/1968	Mt. Zion Cemetery	Carroll Co., Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
C. M. Waltz, Box 241, Sykesville, Md.	JAN 29 1968	Charles Judge

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00701 00701

1. DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
SANDRA	ELAINE	JONES	JANUARY 19, 1968	6:35 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.
Female	Negro	3-17-44	23 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
New York	U.S.A.	NEVER MARRIED [X]	Carroll Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Sykesville	Springfield State Hospital	Domestic	

13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Baltimore City	Baltimore	YES [X] NO [ ]	2345 Eutaw Place

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Willie		Jones	Gertrude		Brooks

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	None	Records, Springfield State Hospital

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Far advanced pulmonary tuberculosis, active — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months

DUE TO, OR AS A CONSEQUENCE OF (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CBS associated with convulsive disorder, with behaviral reaction

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [ ] NO [X]	

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from 11-12-65, 19___, to 1-19-68, 19___, that (I) (we) last saw the deceased alive on 1-19-68 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Agustin del Campo.		[ ]	[ ]	[X]	1-19-68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Agustin del Campo, M. D.	Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1-29-68	New Cathedral	Balto. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Harry W. Haight	Sykesville, Md.	JAN 31 1968	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00702 00702

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Martha	Middle: Jane	Last: Keener	2a. DATE OF DEATH: January Month 28 Day '68 Year	2b. HOUR: 7 a. M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 11-26-80	6. AGE (In years last birthday): 87 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housekeeper	12b. KIND OF BUSINESS OR INDUSTRY: Court House		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Washington	13c. CITY OR TOWN: Hagerstown	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 428 N. Locust Street	
14. FATHER'S NAME First: Andy	Middle: ?	Last: Barron	15. MOTHER'S MAIDEN NAME First: Mary	Middle: Jane	Last: Graham
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 173-18-2704	17. INFORMANT: Records	Address: Springfield State Hospital, Sykesville, Md.		

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia right lung.

DUE TO, OR AS A CONSEQUENCE OF

(b) Gangrenous abscess lower right lung.

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days / weeks

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic Brain Syndrome associated with senile brain disease with psychotic reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from June 11, 1964, to January 28, 1968, that (I) (we) last saw the deceased alive on January 28, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Glocrito G Sagisi	ATTENDING PHYS ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	January 28, 1968
22d. PHYSICIAN'S NAME (Type): Glocrito G. Sagisi, M. D.	22e. ADDRESS: Springfield State Hospital Sylesville, Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
Burial	1-31-68	Oak Grove	Uniontown		Pa.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Harry W Haight	Sykesville, Md	JAN 31 1968	Charles Judge

VR A15 (4) 30M REV. 1/68

1

00703

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00703

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: MENDOUHI; Middle: (NMN); Last: KHACHIGIAN
2a. DATE OF DEATH: Month: January; Day: 14; Year: 1968
2b. HOUR: M.N. 12:00M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 10-6-1888
6. AGE (In years last birthday): 79 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Turkey
7b. CITIZEN OF WHAT COUNTRY?: Turkey
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): None Housewife
12b. KIND OF BUSINESS OR INDUSTRY: Own home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Montgomery
13c. CITY OR TOWN: Silver Spring
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 10225 New Hampshire Ave.
10225 New Hampshire Ave. Montgomery Silver Spring
14. FATHER'S NAME: First: ~~John~~ Garbed; Middle: ; Last: Donigian
15. MOTHER'S MAIDEN NAME: First: Saltan; Middle: ; Last: Unk.
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 220-54-6922
17. INFORMANT: Karkor O. Gregory Records, Springfield State Hospital Address: 10225 New Hampshire Ave.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Chronic rheumatic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(b): Mitral stenosis — Years
DUE TO, OR AS A CONSEQUENCE OF
(c): Bilateral interstitial bronchopneumonia — Days

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): CBS assoc. with cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)
21d. INJURY OCCURRED While ☐ at work Not while ☐ at work
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 6-26-64, 19____, to 1-14-68, 19____, that (I) (we) last saw the deceased alive on 1-14-68 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Agustin del Campo MD DEGREE — ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 1-15-68
22d. PHYSICIAN'S NAME (Type): Agustin del Campo, M. D.
22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 17, 1968
23c. NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
23d. LOCATION (City or Town) (County) (State): Prince George County, Md.
24. FUNERAL DIRECTOR: Signature for JB Thomas Warner E. Pumphrey, Inc. ADDRESS: 8434 Georgia Ave Silver Spring, Md.
25a. RECD BY REGISTRAR DATE: JAN 22 1968
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A 15(4)
30M REV 1-68

1

00704

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00704

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
CLARA	MAY	KING	JAN.	24	68	11:15 A M

3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS HOURS	MIN
FEMALE	WHITE	SEPT. 7, 1879	88 YRS.				

7a BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 COUNTY OF DEATH
CARROLL CO, MD	U.S.A.		CARROLL CO. Md

10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
WESTMINSTER	CARROLL CO. GEN. HOSP.	HOUSE-WIFE	—

13a. USUAL RESIDENCE (Where deceased lived, if institution Res dence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUMBER
MARYLAND	CARROLL	WESTMINSTER	YES ☑ NO ☐	45 CHASE ST.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
WILLIAM T.		PHILLIPS	ALICE		LAMBERT

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17 INFORMANT	Address
—	—	MRS. STERLING E. HIVELY	322 STONER AVE. WESTMINSTER MD

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma

DUE TO, OR AS A CONSEQUENCE OF

(b) Carcinoma of the breast

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Jan 21, 1968, to Jan 24, 1968, that (I) (we) last saw the deceased alive on Jan 24, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS.	22c DATE SIGNED
John S. Harshey, M.D.	M.D.	☐	☐	☐	1/24/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
JOHN S. HARSHEY M.D.	8 Anchor St. Westminster, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	1/27/68	KRIDERS CEMETERY	RURAL WESTMINSTER MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. S. Myers, Jr.,	Westminster, Md.	JAN 29 1968	Charles Judge

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

36705

CERTIFICATE OF DEATH

00705

1 PLACE OF DEATH
a. COUNTY: Carroll — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural--Sykesville
c. LENGTH OF STAY IN 1b: ly. 6m. 2days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Springfield State Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
d. STREET ADDRESS: 607 Henderson Avenue
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First Jennie — Middle Margaret — Last Kreitzburg
4. DATE OF DEATH: Month 1 — Day 15 — Year 1968
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 01/02/1886
9. AGE (In years last birthday): 82 yrs
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS: Hours — Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (County & State, or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Brailer, Sr.
14. MOTHER'S MAIDEN NAME: Emma C. Durbin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-46-3573
17. INFORMANT — Address: Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Cerebral Vascular Insufficiency
DUE TO: Arteriosclerosis
(b): C.H.F.
DUE TO
(c): A.S.C.V.D.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4129
INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): Chronic brain syndrome with cerebral arteriosclerosis with behavioral reaction.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (this hospital) attended the deceased from 7/13/ , 1966 , to 1/15/ , 1968 , that (we) last saw the deceased alive on 15/m , 1968 , and that death occurred at 8:35 AM, from causes and on the date stated above.

22a. SIGNATURE: H E Connor Jr — M.D ☐ ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22b. DATE SIGNED: 1-15-68
22c. PHYSICIAN'S NAME (Type): H. E. Connor, Jr.
22d. ADDRESS: Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE THEREOF: JAN. 18, 1968
23c. NAME OF CEMETERY OR CREMATORY: ST. PATRICKS CEMETERY
23d. LOCATION (City or Town) (County) (State): CUMBERLAND MD.

24. FUNERAL DIRECTOR: BYRON KIGHT — ADDRESS: Cumb. Md.
25a. RECD BY REGISTRAR DATE: JAN 19 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

3706 — 00706

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: THELMA	Middle: DOROTHEA	Last: LAWRENCE	2a. DATE OF DEATH Month Day Year	2b. HOUR AM: 11:40
				JANUARY 30, 1968	
3. SEX: Female	4. RACE: Negro	5. DATE OF BIRTH: 7-2-05	6. AGE (In years last birthday): 62 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Teacher	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution Res dence before admission) STATE: Maryland	13b. COUNTY: Baltimore City	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 3100 Gwynn Falls Parkway	
14. FATHER'S NAME First / Middle / Last: Arthur L. Johnson, Sr.		15. MOTHER'S MAIDEN NAME First / Middle / Last: Edith Wilson			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.: 331-34-5877	17. INFORMANT Address: Records, Springfield State Hospital		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Acute myocardial infarction — Minutes

410.9

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 420.1

DUE TO, OR AS A CONSEQUENCE OF (b) Occlusion of coronary artery — Minutes

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Severe involutional psychotic reaction

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTR BUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I **certify** that (I) (this hospital) attended the deceased from 2-15-66, 19___, to 1-30-68, 19___, that (I) (we) last saw the deceased alive on 1-30-68 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Agustin del Campo. DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS. ☒			22c. DATE SIGNED: 1-30-68
22d. PHYSICIAN'S NAME (Type): Agustin del Campo, M. D.		22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784	

23a. BURIAL, CREMATION, REMOVAL (Specify): B	23b. DATE: 2-3-68	23c. NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Pk	23d. LOCATION (City or Town): Baltimore	(County): Co. (State)
24. FUNERAL DIRECTOR: Sullivan Funeral Home	ADDRESS: 1611-13 N. Arlington Ave	25a. REC'D BY REGISTRAR DATE: FEB 1 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

VR 4015 (A) 30M REV-1-68

1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00707 (00707)

1. PLACE OF DEATH
a. COUNTY: Carroll — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Westminster
c. LENGTH OF STAY IN 1b: Life
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Westminster, Md. R. D. 1

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE: Maryland — b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Westminster
d. STREET ADDRESS: Westminster, Md. R. D. 1
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Annie — Middle: Kate — Last: Leppo

4. DATE OF DEATH: Month: January — Day: 9 — Year: 19 68

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 7/2/1872

9. AGE (In years last birthday): 95 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housework

10b. KIND OF BUSINESS OR INDUSTRY: Her own home.

11. BIRTHPLACE (County & State, or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Bowman

14. MOTHER'S MAIDEN NAME: Caroline Willet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT — Address: Miss Birdie V. Leppo, Westminster, Md. R-1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart failure
DUE TO (b): Arteriosclerosis
DUE TO (c):

4404
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from June, 19 62, to Jan. 9, 19 68, that (I) (we) last saw the deceased alive on December 13 19 67, and that death occurred at 3:30 A M, from the causes and on the date stated above.

22a. SIGNATURE: E. Reese Wilkens M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22b. DATE SIGNED: 1/9/68

22c. PHYSICIAN'S NAME (Type): E. Reese Wilkens

22d. ADDRESS: 15 Kemper Ave. Westminster, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE THEREOF: 1/11/68 — 23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery — 23d. LOCATION (City, town or county) (State): Silver Run, Carroll Co., Md.

24. FUNERAL DIRECTOR: Richard A. Little — ADDRESS: Littlestown, Pa.

25a. REC'D BY REGISTRAR — DATE: JAN 11 1968 — 25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper — Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 1/65

1

00708

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00708

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
HILDA	C.	MAC DORMAN	1	21	68	9 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (If years last birthday)	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HRS. HOURS	MIN
FEMALE	WHITE	JUNE 10, 1898	69 YRS.				

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH
ACKOMAK CO. VA.	U.S.A.		CARROLL CO. Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
WESTMINSTER	94 WILLIS ST.	HOUSE-WIFE	—

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
MARYLAND	CARROLL	WESTMINSTER	YES ☑ NO ☐	94 WILLIS ST.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
LITTLETON	J.	~~MAC DORMAN~~ CORBIN	CARRIE	MASSEY	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
—	—	MRS. SABRA C. KITTNER	SAME ADDRESS

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 5, 1967, to 1/21, 1968, that (I) (we) last saw the deceased alive on 1/16 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS ☑	MED. DIRECTOR ☐	STAFF PHYS ☐	22c. DATE SIGNED
Vincent J. Fiocco Jr					1/21/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(State)
BURIAL	1/23/68	BRITTINGHAM CEM.	NEW CHURCH		VA.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. E. Myers, Jr.	Westminster, Md.	JAN 24 1968	(Charles Yingling)

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00709 00709

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First: NAN	Middle: R.	Last: MATHER	2a. DATE OF DEATH Month: JAN. Day: 25 Year: 68		2b. HOUR 11:36 AM
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: JUNE 23 1875	6. AGE (In years last birthday): 92 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): LEESBURG VA.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: CARROLL CO.		Md
10. CITY OR TOWN OF DEATH: WESTMINSTER	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 121 WILLIS ST.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSE-WIFE	12b. KIND OF BUSINESS OR INDUSTRY: —		
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND	13b. COUNTY: CARROLL	13c. CITY OR TOWN: WESTMINSTER	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 121 WILLIS ST.	
14. FATHER'S NAME First: JAMES F.	Middle:	Last: RINKER	15. MOTHER'S MAIDEN NAME First: SUSAN	Middle:	Last: JACKSON
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service): —	16b. SOCIAL SECURITY NO.: —	17. INFORMANT: MISS EVELYN J. MATHER	Address: SAME ADRESS		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis (acute) — Approximate interval between onset and death: 11 hrs

DUE TO, OR AS A CONSEQUENCE OF

(b): Arteriosclerosis & Hypertension — 4 years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

None

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 1-23-, 1968, to 1-25-, 1968, that (I) (we) last saw the deceased alive on 1-25- 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Willem Speicher	DEGREE: ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 1-25-68		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS: Westminster Md		
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 1/27/68	23c. NAME OF CEMETERY OR CREMATORY: WESTMINSTER CEMETERY	23d. LOCATION (City or Town): WESTMINSTER	(County): MD (State):
24. FUNERAL DIRECTOR: J. E. Myers Jr.	ADDRESS: Westminster, Md.	25a. REC'D BY REGISTRAR DATE: JAN 29 1968	25b. REGISTRAR'S SIGNATURE: Charles Yingling	

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00710

CERTIFICATE OF DEATH

00710

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
Texie	Elpha	McDonald	1 12 68	1:00 PM

3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS HOURS / MIN
female	white	1/26/95	72 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
West Virginia	USA	WIDOWED [X]	Carroll Md.

10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Rural--Sykesville	Springfield State Hospital	housewife	

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES / NO	13e. STREET AND NUMBER
Md.		Baltimore	YES [X] NO [ ]	3142 Abell Avenue

14. FATHER'S NAME First	Middle	Last	15 MOTHER'S MAIDEN NAME First	Middle	Last
Oliver	?	Harman	Margaret	?	George

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17 INFORMANT Address
no	235-30-2317	Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Bronchopneumonia. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF

(b) Gangrenous abscess of right lung. — weeks

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 521X 521X

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES / NO	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		YES [X] NO [ ]	

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 10/19/, 1964, to 1/12/, 1968, that (I) (we) last saw the deceased alive on 1/12/ 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Naci N. Buyukunsal	MD	[ ]	[ ]	[X]	1/12/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Naci N. Buyukunsal, M.D.	Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	1-15-68	Davis Cemetery	Davis West VA.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Wm. Cook-Brooks Inc.	1219 St Paul St. Balto, Md. 21202	JAN 15 1968	Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

36711 — 00711

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the informant, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
JOSEPH	J.	MILLER	Jan 14 68	10:15 P M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
MALE	WHITE	MAY 19-1917	50 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.A.		Carroll Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Woodbine	Beadock Rd	Construction	Home

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Maryland	Carroll	Woodbine		Beadock Rd.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
David		Miller	Lula		Hartsock

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address
No	215-07-3991	Joseph Miller Jr. Woodbine Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a) (b), and (c))

PART I. DEATH WAS CAUSED BY

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Recurrent Coronary Occlusion	Sudden
DUE TO, OR AS A CONSEQUENCE OF (b)	Myocardial Infarction	8/12/67
DUE TO, OR AS A CONSEQUENCE OF (c)	Chronic heart failure	8/12/67

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4 +-1

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Pulmonary edema

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from Sept. 7, 19 67, to Nov. 4, 19 67, that (I) (we) last saw the deceased alive on Nov. 4 19 67, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS ☐	22c. DATE SIGNED
Sani Okutman					

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Sani Okutman, M.D.	Obrecht Road, Sykesville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1-18-68	Good Shepherd	Ellicott City Howard Md

24. FUNERAL DIRECTOR	ADDRESS	25a. RECD BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Higinbottom-Slack	Ellicott City, Md.	JAN 18 1968	Joseph Judge

VR A 15 (1) 30M REV 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00712 00712

1. DECEASED NAME (Type or Print) First: SOLOMAN Middle: EDWARD Last: MILLER

2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐ Month 1 Day 28 Year 68 19 — 2b. HOUR 6:15 P M

3. SEX: Male — 4. RACE: White — 5. DATE OF BIRTH: July 28, 1912 — 6. AGE (in years last birthday): 55 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN

2c. DATE PRONOUNCED DEAD Month 1 Day 28 Year 1968 — 2d. HOUR 6:15 P.M.

7a. BIRTHPLACE (State or foreign country): York Co. Pa. — 7b. CITIZEN OF WHAT COUNTRY?: U.S.A. — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: Carroll Md

10. CITY OR TOWN OF DEATH: Manchester — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 9 York St. — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Carpenter — 12b. KIND OF BUSINESS OR INDUSTRY: Building

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md. — 13b. COUNTY: Carroll — 13c. CITY OR TOWN: Hampstead — 13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: Rd. 1

14. FATHER'S NAME First: Harry Middle: R. Last: Miller — 15. MOTHER'S MAIDEN NAME First: Jennie Middle: Last: Wildasin

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown): NO (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO: 214-36-9125 — 17. INFORMANT ADDRESS: Catherine C. Miller Hampstead, Md. (Wife)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary Thrombosis (acute) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Min. Hrs.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
4101

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Wplew Speicher M.D. — CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type) — ADDRESS (Street No. Town or County) 1356 Wash Westminster Carroll

22b. DATE SIGNED 1-28-68

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Jan. 31, 1968 — 23c. NAME OF CEMETERY OR CREMATORY: Immanuel Cemetery — 23d. LOCATION (City or Town) (County) (State): Manchester Carroll Co. Md.

24. FUNERAL DIRECTOR ADDRESS: Tipton - Eline Funeral Home Hampstead, Md.

25a. REC'D BY REG STRAR DATE: FEB 1 1968 — 25b. REG STRAR'S SIGNATURE: Charles Snader

VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00713 (00713)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First: William	Middle: Franklin	Last: Miller	2a. DATE OF DEATH: January (Month) 10 (Day) 1968 (Year)	2b HOUR: 3 P M
3 SEX: Male	4 RACE: White	5. DATE OF BIRTH: October 18, 189	6. AGE (In years last birthday): 69 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a BIRTHPLACE (State or foreign country): Kline, W.Va.	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Carroll Md.		
10 CITY OR TOWN OF DEATH: Taneytown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 49 Frederick Street	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farm		
13a USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: Nr. Taneytown	13d INSIDE CITY LIMITS? YES ☐ NO ☒	13e STREET AND NUMBER: R. D. 2, Taneytown, Md.	
14 FATHER'S NAME First / Middle / Last: Benjamin F. Miller		15. MOTHER'S MAIDEN NAME First / Middle / Last: Amanda J. Hartman			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)		16b SOCIAL SECURITY NO: 220-16-1114	17. INFORMANT Address: Robert M. Miller, Keymar, Md. 1-M		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Artery Occlusion	Few Min.
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Heart Disease	20 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	Generalized Arteriosclerosis	20 yrs.

410.0

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Hypertension. Chronic Nephritis.

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from Feb 14, 1944 to 1/10, 1968, that (I) ~~(we)~~ last saw the deceased alive on 1/5, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: R. S. McVaugh M.D. DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c DATE SIGNED: 1/10/68	
22d. PHYSICIAN'S NAME (Type): R. S. McVaugh	22e. ADDRESS: Taneytown, Md.		

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 1/13/68	23c NAME OF CEMETERY OR CREMATORY: Keysville Cemetery	23d LOCATION (City or Town) (County) (State): Keysville, Carroll Co., Md.	
24 FUNERAL DIRECTOR: Richard A. Little	ADDRESS: Littlestown, Pa.	25a. REC'D BY REGISTRAR DATE JAN 12 1968	25b. REGISTRAR'S SIGNATURE: [illegible]	

VR A 10 (1)
30M REV 1-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form P.M.3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00714 (00714)

1. DECEASED-NAME (Type or Print) First: MERVIN	Middle: DAVIS	Last: MILLS	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month 1 Day 2 Year 1968	2b. HOUR 3:17 P.M.			
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: May 22, 1896	6. AGE (in years last birthday): 71 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month 1 Day 2 Year 1968	2d. HOUR 3:17 P.M.
7a. BIRTHPLACE (State or foreign country): New Jersy	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll County Md.				
10. CITY OR TOWN OF DEATH: Taneytown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rural	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farming				
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: Taneytown	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Route # 1			
14. FATHER'S NAME First: Mervin	Middle	Last: Mills	15. MOTHER'S MAIDEN NAME First: Gertrude	Middle	Last: Davis		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 218-07-7041	17. INFORMANT ADDRESS: Mrs. Dorothy D. Chamberlin, Taneytown, Md.					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Coronary Thrombosis — APPROX. INTERVAL BETWEEN ONSET AND DEATH: Some hrs
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerosis — Several yrs
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4201 Prostatic Hypertrophy

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: ~~Natural causes~~ ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: W. Glenn Speicher M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED 1-2-68

EXAMINER'S NAME (Type): W. Glenn Speicher

ADDRESS (Street, City or Town): Westminster, Carroll Co. Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1/5/68	Glenwood Cemetery	Washington, D.C.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
John H. Skiles	C.O. Fuss & Son, Taneytown, Maryland	JAN 5 1968	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

36715 — 00715

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Howard	Middle: Ray	Last: Moats	2a. DATE OF DEATH Month: 1	Day: 31	Year: 68
2b. HOUR	3:10 PM					
3. SEX	Male	4. RACE	White	5. DATE OF BIRTH	1-23-1887	6. AGE (In years last birthday) 81 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.					
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH	Carroll Md.
10. CITY OR TOWN OF DEATH	Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Farmer	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Washington	13c. CITY OR TOWN	Hagerstown	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER	Route #2					
14. FATHER'S NAME First	Henry	Middle: -	Last: Moats	15. MOTHER'S MAIDEN NAME First	Susan	Middle: - Last: Davis
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	no	16b. SOCIAL SECURITY NO.	220-26-0172	17. INFORMANT	Records, Springfield State Hospital	Address: Sykesville, Maryland 21784

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Acute myocardial infarction — Hours

DUE TO, OR AS A CONSEQUENCE OF

(c) Bronchopneumonia — Day

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4109

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

7201

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While [ ] at work Not while [ ] at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from November 7, 1967, to January 31, 19 68, that (I) (we) last saw the deceased alive on January 31, 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Octavio A. Ruiz M.D. DEGREE	ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED January 31, 1968
22d. PHYSICIAN'S NAME (Type)	Octavio A. Ruiz, M. D.	22e. ADDRESS	Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION REMOVAL (Specify)	Burial	23b. DATE	Feb. 3, 1968	23c. NAME OF CEMETERY OR CREMATORY: ST. PAUL
23d. LOCATION (City or Town) (County) (State)	CLEAR SPRING WASH. MD.			
24. FUNERAL DIRECTOR	W. P. Thompson Thompson Funeral Home	ADDRESS	Clear Spring Md.	
25a. REC'D BY REGISTRAR DATE	FEB 5 1968	25b. REGISTRAR'S SIGNATURE	Charles Judge	

VR A15 (4) 30M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15 (1)
30M REV 7-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00716 00716

1 DECEASED-NAME (Type or print) First	Middle	Last	2a DATE OF DEATH Month Day Year	2b. HOUR
Jacob	M.	Myers	1 1 1968	3:45P

3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN
male	Negro	9-27-1874	93 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH
Maryland	USA		Carroll Md.

10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
Rural-Sykesville	Springfield State Hospital	Barber	---

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13b COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Maryland	Alleg.	Cumberland		226 Carroll St.

14 FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Jacob		Myers	Jenny		??

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b SOCIAL SECURITY NO.	17 INFORMANT Address
No	219-34-6258	Springfield Hospital records, Sykesville

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b) Nephrosclerosis(Arterial) — years

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized Arteriosclerosis — years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

C.B.S. associated with senile brain disease with psychotic reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 11-8-1967, 19___, to 1-1___, 1968___, that (I) (we) last saw the deceased alive on 1-1 1968, and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
Suha Ozgun.					1-1-1968

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Suha Ozgun	Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1/5/67	Rose Hill Cem.	Cumberland, Md

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Lamm Bros Inc.	Cumb. Md.	JAN 8 1968	Charles Jones

1

00717

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00717

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

1. DECEASED-NAME (Type or print) First: GORDON	Middle: MCKINLEY XXXXX)	Last: PAYNE XXXX	2a. DATE OF DEATH Month: JANUARY Day: 8 Year: 1968	2b. HOUR: 8:40 P M	
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH: 7-12-32	6. AGE (In years last birthday): 35 YRS.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min
7a. BIRTHPLACE (State or foreign country): Florida	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ Sep DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farm laborer	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Carroll	13c. CITY OR TOWN: New Windsor	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Route #1	
14. FATHER'S NAME First: ~~Unk.~~ JONAS	Middle	Last: PAYNE	15. MOTHER'S MAIDEN NAME First: ~~Unk.~~ ROSA LEE	Middle	Last: FLOYD
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service): No	16b. SOCIAL SECURITY NO: ~~XXX~~ 594-6285	17. INFORMANT: Records, Springfield State Hospital	Address	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Aspiration bronchopneumonia — Approximate interval between onset and death: Days

571.8

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Hepatic coma — Days

DUE TO, OR AS A CONSEQUENCE OF (c) Cirrhosis of liver — Yrs.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

2

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 12-29-67, 19____, to 1-8-68, 19____, that (I) (we) last saw the deceased alive on 1-8-68, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE (DEGREE) Octavio A Ruiz MD — ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒ — 22c. DATE SIGNED 1-9-68

22d. PHYSICIAN'S NAME (Type) Octavio A. Ruiz, M. D. — 22e. ADDRESS Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	1-14-68	PINEHILL CEM.	DAVISBORO GEORGIA

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
D. Hartless Sons	NEW WINDSOR MD	JAN 12 1968	Charles Yingler

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00718

00718 Item 6 Film G397 1/29/68 kk

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: JANE	Middle: ELIZABETH	Last: PENNELL	2a. DATE OF DEATH Month: I/ Day: 20 Year: 68	2b. HOUR: 2PM
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 10/15/27	6. AGE (In years last birthday): 40 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): MASS.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: CARROLL Md.		
10. CITY OR TOWN OF DEATH: SYKESVILLE MD.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SPRINGFIELD STATE HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): NONE	12b. KIND OF BUSINESS OR INDUSTRY:		
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b. COUNTY: Montgomery COUNTY	13c. CITY OR TOWN: Woodacres	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: WOODACRES	
14. FATHER'S NAME First: WALTER	Middle: JOHNSON	Last: PENNELL	15. MOTHER'S MAIDEN NAME First: MARY ELIZABETH	Middle: ELIASON	Last:
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO: NONE	17. INFORMANT: SPRINGFIELD HOSP RECORDS	Address: SYKESVILLE MD	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bilateral bronchopneumonia with abscess. — Approximate interval between onset and death: days

DUE TO, OR AS A CONSEQUENCE OF

(b) Bilateral suppurative nephritis. — weeks

DUE TO, OR AS A CONSEQUENCE OF

(c) Thrombophlebitis of left leg. — wks. - mo.

45 1.0

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 4

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

SCHIZOPHRENIC REACTION CATATONIC TYPE

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 2/17/57, 19___, to 1/20/68, 19___, that (I) (we) last saw the deceased alive on 1/20/68, 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Renato R. Espina, M.D.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 1/20/68	
22d. PHYSICIAN'S NAME (Type): Renato R. Espina, M.D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-23-68	23c. NAME OF CEMETERY OR CREMATORY: Arlington Natl Cem.	23d. LOCATION (City or Town) (County) (State): Arlington, Virginia	
24. FUNERAL DIRECTOR: ROBERT A. PUMPHREY,	ADDRESS: Bethesda, Maryland	25a. REC'D BY REGISTRAR DATE: JAN 24 1968	25b. REGISTRAR'S SIGNATURE: [illegible]	

VR A15 (4) 30M REV. 1/68

1

00719

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00719

1. DECEASED NAME (Type or print) First David Middle Smith Last Pennington
David Smith Pennington

2a. DATE OF DEATH Month JAN Day 28 Year 68 — 2b. HOUR 8:30 AM

3. SEX M — 4. RACE W — 5. DATE OF BIRTH 24 JAN 93 — 6. AGE (In years last birthday) 75 YRS. — IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HOURS MIN

7a. BIRTHPLACE (State or foreign country) Ashville, N.C. — 7b. CITIZEN OF WHAT COUNTRY? U.S. — 8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 9. COUNTY OF DEATH CARROLL Md.

10. CITY OR TOWN OF DEATH Westminster — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) — — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Merchant — 12b. KIND OF BUSINESS OR INDUSTRY Groc

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. — 13b. COUNTY CARROLL — 13c. CITY OR TOWN Westminster — 13d. INSIDE CITY LIMITS? YES [ ] NO [X] — 13e. STREET AND NUMBER R.F.D. #1

14. FATHER'S NAME First Elijah Middle ? Last Pennington — 15. MOTHER'S MAIDEN NAME First Polly Middle ? Last Osborne

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) WW I — 16b. SOCIAL SECURITY NO 220-03-9568 — 17. INFORMANT Violet Ruth Daughter - Fleinger Address Rt #1, Westminster, Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 220-03-9568 — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myo cardial infarction
4107
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4511
(b) ASCVD
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
Chronic obstructive airway disease

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20a. AUTOPSY? YES [ ] NO [ ] — 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner) — 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ] — 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from July 5, 1967, to JAN 28, 1968, that (I) (we) last saw the deceased alive on JAN. 25 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Dean H. Griffin MD. DEGREE — ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ] — 22c. DATE SIGNED 28 JAN 68

22d. PHYSICIAN'S NAME (Type) Dean H. Griffin, M.D. — 22e. ADDRESS 19 Ridge Rd. Westminster, Md 21157

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 1/30/68 — 23c. NAME OF CEMETERY OR CREMATORY Bachmans Valley Cemetery — 23d. LOCATION (City or Town) (County) (State) Bachmans Valley, Nr. Westminster Carroll Co. Md.

24. FUNERAL DIRECTOR Richard A. Little — ADDRESS Littlestown, Pa. — 25a. REC'D BY REGISTRAR DATE JAN 29 1968 — 25b. REGISTRAR'S SIGNATURE Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/

1

06720

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00720

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (Pages 1 and 2) and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
RUSSELL	AUSBURN	PIPER	JANUARY 31, 1968	AM 11:15 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
Male	White	1-4-04	64 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Pennsylvania	U.S.A.		Carroll Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Sykesville	Springfield State Hospital	Painter	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER
Maryland	Baltimore City	Baltimore		No fixed address

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Hubert		Piper	Edna		Ausburn

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT Address
Yes	W.W. 2	212-07-7508	Records, Springfield State Hospital

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary insufficiency and flu — APPROX. MAYE INTERVAL BETWEEN ONSET AND DEATH: Years & days

424.4

Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

427

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part I or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 7-24-59, 19____, to 1-31-68, 19____, that (I) (we) last saw the deceased alive on 1-31-68 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
Julian Radzykewycz					1-31-68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Julian Radzykewycz, M. D.	Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	2-3-68	New Freedom	Sykesville, Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Harry W. Haight	Sykesville, Md.	FEB 6 1968	Charles Judge

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06721 — 00721

1 DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
EDWARD	GEORGE	RICE	1 3 1968	4:15 PM

3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / M.N.
Male	Caucasian	11/18/79	88 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Maryland	U.S.A.		Carroll Md.

10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Sykesville	Springfield State Hosp.	laborer	factory

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER
Maryland	Howard	Jessup		rural

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Fred		Rice	Augusta		Kolpock

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17 INFORMANT Address
no	220-03-9858 A	Hospital Records

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hrs

DUE TO, OR AS A CONSEQUENCE OF

(b) Uremia — days

DUE TO, OR AS A CONSEQUENCE OF

(c) Generalized arteriosclerosis — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): reaction

Chronic Brain Syndrome assoc. with cerebral arteriosclerosis with psychotic

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While ☐ at work Not while ☐ at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that (I) (this hospital) attended the deceased from 03/08/ , 19 57 , to 01/03 , 19 68 , that (I) (we) last saw the deceased alive on 01/03 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS ☐	MED. DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
H E Connor Jr					3 jan. 68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
H. E. Connor, Jr.	Springfield State Hospital

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	1-6-68	St John's Cem	Ellicott City Md

24 FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
DeWitt Donaldson	Laurel Md	JAN 12 1968	Thomas Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AT5 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00722 (upper left) 00722 (upper right)

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print) First / Middle / Last	THELMA / VIRGINIA / ROBERTS	2a. DATE KNOWN OF DEATH ☒ / ESTIMATED ☐	Month 1 Day 11 Year 19 68	2b. HOUR	9:37 A M
3. SEX	F	4. RACE	Negro	5. DATE OF BIRTH	12-9-06	6. AGE (in years last birthday)	61 YRS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month 1 Day 11 Year 1968	2d. HOUR	9:37 A M
								1	2				
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH	Carroll Md.						
10. CITY OR TOWN OF DEATH	Westminster	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Carroll County General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	OWN HOME	12b. KIND OF BUSINESS OR INDUSTRY	HOUSEKEEPER						
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	Md.	13b. COUNTY	Carroll	13c. CITY OR TOWN	Union Bridge	13d. INSIDE CITY LIMITS? YES ☒ NO ☐		13e. STREET AND NUMBER	8 Rinehart Street				
14. FATHER'S NAME First / Middle / Last	ROLAND / BUTLER			15. MOTHER'S MAIDEN NAME First / Middle / Last	LULA / DISON								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	NO	(If yes give war or dates of service)		16b. SOCIAL SECURITY NO	220-16-0223	17. INFORMANT	EDWARD ROBERTS	ADDRESS	UNION BRIDGE MD				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute myocardial infarction — Approximate interval between onset and death: Terminal

DUE TO, OR AS A CONSEQUENCE OF

(b) Severe arterialsclerotic coronary vascular disease. — Years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last. 10 9 4201

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Anesthesia and stress surgery

19a. DATE OF OPERATION: 1-11-68	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Diabetic gangrene	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)		
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE W Glenn Speicher M.D.

EXAMINER'S NAME (Type) W GLENN SPEICHER

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, City or Town, County) 300 Main Street Westminster Carroll Md

22b. DATE SIGNED 1-11-68

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	1/14/68	WESLEY	LIBERTYTOWN	MD

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE JAN 16 1968	25b. REGISTRAR'S SIGNATURE J Charles Judge
D D Hartzler & Sons	Union Bridge		

VR A15ME (8)
10M REV 1-68

00723

Item 6 Film G397 1/30/68 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00723

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: NORA	Middle: MAY	Last: RUNKLES	2a. DATE OF DEATH Month: 1 Day: 21 Year: 68	2b. HOUR a.m. p.m.: 10:20
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: 2-18-74	6. AGE (In years last birthday): 93/94 YRS.	IF UNDER 1 YEAR: MONTHS 11 DAYS 28	IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: CARROLL CO. Md.		
10. CITY OR TOWN OF DEATH: SYKESVILLE	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SPRINGFIELD ST.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: FREDERICK	13c. CITY OR TOWN: MIDDLETOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: ROUTE# 1	
14. FATHER'S NAME First: Carlton Middle: Peter Last: Ahalt		15. MOTHER'S MAIDEN NAME First: Manzella Middle: Melinda Last: Willard			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO: 216-54-8253	17. INFORMANT Address: SPRINGFIELD HOSP. RECORDS, SYKESVILLE MD			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b): GENERALIZED ARTERIOSCLEROSES

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4500

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: DAYS / YEARS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

Reactior

Chronic Brain Syndrone Assoc. with Senile Brain Disease with psychotic

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 11-11, 1967, to 1-21, 1968, that (I) (we) last saw the deceased alive on 1-21-1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Renato R. Espina, M.D. DEGREE: ATTENDING PHYS ☐ MED. DIRECTOR ☐ STAFF PHYS ☒	22c. DATE SIGNED: Jan 30, 1968		
22d. PHYSICIAN'S NAME (Type): RENATO R. ESPINA, MD	22e. ADDRESS: SPRINGFIELD STATE HOSP.		

23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 1/24/68	23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery	23d. LOCATION (City or Town) (County) (State): Burkittsville, Fred., Md.	
24. FUNERAL DIRECTOR ADDRESS: Gladhill Company, Middletown, Md.	25a. REC'D BY REGISTRAR DATE: JAN 24 1968	25b. REGISTRAR'S SIGNATURE: J. Charles Judge		

VR A15 (4) 30M REV. 1/68

Items 21,22 film 397
2-19-68 mt

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06724

CERTIFICATE OF DEATH

00724

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b HOUR
Wilbur	F.	Sanders	January 24, 1968	5:10 P M

3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
M	White	March 3, 1916	51 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Fairfield Pa	U.S.A.		Carroll Co., Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
Millers R.D.1	Shaffer Mill Rd.	Farmer	Own Farm.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER
Md.	Carroll	Millers.		R.D.1.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Guy	B.	Sanders.	Cora		Kebil.

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
/	188-03-9908	Mrs. Belva Sanders	Millers Md R.D.1.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Epicaine,
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 hours

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
932x Alzheimer's Disease

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	approx 9 am Jan 24 1968	

21d. INJURY OCCURRED While at work ☐ Not while at work ☒	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Along road			Carroll	Md

22a. I **certify** that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. Natural causes

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☐	MED DIRECTOR ☐	STAFF PHYS. ☒	22c. DATE SIGNED
John S. Harshey, M.D.					1/24/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
JOHN S. HARSHEY M.D.	Church St. Westminster, Md

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Jan. 27, 1968	New Freedom Cemetery	New Freedom Penna.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Jacob Hartenstein	New Freedom, Pa.	JAN 29 1968	Richard S Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06725 00725

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15-14
30M REV. 1/68

1. DECEASED-NAME (Type or print) First: LAURENCE	Middle: THOMAS	Last: SCHMIDT	2a. DATE OF DEATH Month: 1 Day: 21 Year: 68	2b. HOUR 11 30 A M	
3. SEX: M	4. RACE: W	5. DATE OF BIRTH: JULY 29 1931	6. AGE (In years last birthday): 36 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: CARROLL COUNTY Md		
10. CITY OR TOWN OF DEATH: WESTMINSTER	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL CO. GEN. HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): MACHINIST	12b. KIND OF BUSINESS OR INDUSTRY: AIRCRAFT ACFT.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND.	13b. COUNTY: CARROLL	13c. CITY OR TOWN: WESTMINSTER	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: RT #4 BOX 209	
14. FATHER'S NAME First: GEORGE C.	Middle:	Last: SCHMIDT	15. MOTHER'S MAIDEN NAME First: JESSIE I.	Middle:	Last: MCCOMAS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): YES (If yes give war or dates of service): [redacted]452-54	16b. SOCIAL SECURITY NO: 220-28-7955	17. INFORMANT: WIFE - JANET L. SCHMIDT	Address: RT #4 BOX 209 WESTMINSTER, MD.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): GIANT FOLLICULAR LYMPHOSARCOMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 YRS.
2001
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2001
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): GRAM NEGATIVE SEPTICEMIA

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 1/20, 1968, to 1/21, 1968, that (I) (we) last saw the deceased alive on 1/21 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Fiocco Jr	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 1/21/68	
22d. PHYSICIAN'S NAME (Type): VINCENT J. FIOCCO JR	22e. ADDRESS: 8 ANCHOR ST. WESTMINSTER, MD.		

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: JAN. 24, 1968	23c. NAME OF CEMETERY OR CREMATORY: MEADOW BRANCH	23d. LOCATION (City or Town) (County) (State): WESTMINSTER CARROLL MD.	
24. FUNERAL DIRECTOR: James C. Saffell Jr	ADDRESS: WESTMINSTER, MD.	25a. REC'D BY REGISTRAR DATE: JAN 23 1968	25b. REGISTRAR'S SIGNATURE: Charles Yingling	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

30726

CERTIFICATE OF DEATH

00726

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 PLACE OF DEATH
a. COUNTY: Carroll
MARYLAND
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sykesville
c LENGTH OF STAY IN 1b: 18 Days
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Springfield State Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
a STATE: Maryland
b COUNTY: Balto. City
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
d. STREET ADDRESS: 2306 Harford Road
e IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First Marion Middle Peret Last Senft

4 DATE OF DEATH: Month 1 Day 28 Year 19 68

5 SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☒
8. DATE OF BIRTH: 7-9-14
9. AGE (In years last birthday): 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b KIND OF BUSINESS OR INDUSTRY: Taxi Co.
11. BIRTHPLACE (County & State or foreign country): Maryland
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clinton Senft
14 MOTHER'S MAIDEN NAME: Elizabeth Conner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 217-03-4177
17 INFORMANT Address: Springfield St. Hosp. Records.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Pulmonary Tuberculosis
DUE TO
(b)
DUE TO
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
11.9
C021
INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Schizophrenia, chronic undifferentiated
19 WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d INJURY OCCURRED While at work ☐ Not While at work ☐
20e PLACE OF INJURY (Home, farm factory, street, office bldg., etc.)
20f (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 1-10-68, 19__, to 1-28-68, 19__, that (I) (we) last saw the deceased alive on 1-28-68 19__, and that death occurred at 2:50a M, from causes and on the date stated above.

22a SIGNATURE: Glocrito G Sagisi M.D
ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒
22b DATE SIGNED: 1-28-68
22c. PHYSICIAN'S NAME (Type): Glocrito Sagisi
22d. ADDRESS: Springfield Hospital

23a BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: ~~1/2~~ 2/1/68.
23c NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.
23d. LOCATION (City or Town) (County) (State): Baltimore, Md.

24 FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, Inc. Balto. Md. 21214
25a REC'D BY REGISTRAR DATE: JAN 29 1968
25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4)
25M 1/67

Item 18 film 397
2-19-68 mt

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00727

00727

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First: CHARLES	Middle: NMN	Last: SHEPHARD	2a DATE OF DEATH Month: 1	Day: 16	Year: 68	2b HOUR: 3:40PM
3 SEX: Male	4. RACE: Negro	5 DATE OF BIRTH: 05-08-22	6 AGE (In years last birthday): 45 YRS.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.		
7a. BIRTHPLACE (State or foreign country): South Carolina	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Carroll Md.				
10 CITY OR TOWN OF DEATH: Sykesville	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hosp.	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): laborer	12b KIND OF BUSINESS OR INDUSTRY: Constr.				
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Dist of Columbia	13b COUNTY: --	13c CITY OR TOWN	13d INSIDE CITY LIMITS? YES [X] NO [ ]	13e STREET AND NUMBER: 402 Gallatin St.			
14 FATHER'S NAME First: George	Middle	Last: Shephard	15 MOTHER'S MAIDEN NAME First: Louise	Middle	Last: Guize		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: no (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 247-32-4571	17. INFORMANT: Hospital records	Address				

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pending examination of the brain. — Gliablastoma multiforme of Brain — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: mos or yrs
DUE TO, OR AS A CONSEQUENCE OF
(b) Bronchopneumonia. — Day
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
Schizophrenic reaction, paranoid type.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes
21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 8/17, 19 67, to 1/16, 19 68, that (I) (we) last saw the deceased alive on 1/16 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE, DEGREE: Heniz H. Klaatsch — ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS. [X]	22c. DATE SIGNED: 1-19-68	
22d PHYSICIAN'S NAME (Type): Heniz H. Klaatsch, M.D.	22e ADDRESS: Springfield State Hospital, Sykes., Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE: 1-21-68	23c NAME OF CEMETERY OR CREMATORY: Ruthie Funeral Home SC	23d LOCATION (City or Town): Walterville, S.C.	(County) (State)
24. FUNERAL DIRECTOR: HALL BROS.	ADDRESS: WASH. D.C. 621 Florida Ave. N.W.	25a. REC'D BY REGISTRAR DATE: JAN 23 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

VR A15 (4)
30M REV 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

36728 00728

1. DECEASED-NAME (Type or Print) First: VALLIE	Middle:	Last: SIX	2a. DATE KNOWN OF DEATH ESTIMATED ☒ Month: 1 Day: -16 Year: 1968	2b. HOUR: ? M							
3 SEX: Female	4. RACE: White	5 DATE OF BIRTH: May 18, 1894	6 AGE (in years last birthday): 73 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: 1 Day: 16 Year: 1968	2d. HOUR: 11:00 A M				
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Carroll Md.								
10 CITY OR TOWN OF DEATH: Taneytown	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Central Hotel Apt. # 4	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer	12b KIND OF BUSINESS OR INDUSTRY: Rubber Co.								
13a USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE: Maryland	13b COUNTY: Carroll	13c CITY OR TOWN: Taneytown	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: Central Hotel Apt. # 4							
14. FATHER'S NAME First: John	Middle: McClellan	Last: Shoemaker	15. MOTHER'S MAIDEN NAME First: Mary	Middle: Virginia	Last: Stuller						
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 215-14-2134A	17. INFORMANT: Robert Six	ADDRESS: RFD Littlestown, Pa.								

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Arterio-Sclerotic Cardio Vascular disease — Approximate interval between onset and death: Seriously Several Yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Hypertension & Coronary Insufficiency

DUE TO OR AS A CONSEQUENCE OF (c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): 42.1

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b TIME OF INJURY Month Day Year HOUR A.M P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f LOCATION Street or R.F.D. No	City or Town	County	State

22a. I **certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: W. Glenn Speicher M.D.

CHIEF MED CAL EXAMINER ☐
ASSISTANT MED CAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED 1-16-68

EXAMINER'S NAME (Type): W. Glenn Speicher

ADDRESS (Street, city, town or county): 335 E. Main St. Westminster, Md. Carroll

23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Jan. 19, 1968	Keysville Cemetery	Keysville Carroll Maryland

24 FUNERAL DIRECTOR	ADDRESS	25a DATE RECEIVED BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
John M. Skiles	C.O. Fuss & Son Taneytown, Md.	JAN 18 1968	Joseph Singer

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00729 00729

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR	
LAURA	ELLEN	SNYDER	JAN. 26 68	10:45 PM	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.
FEMALE	WHITE	JULY 15, 1876	91 YRS.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH		
CARROLL CO. MD	U.S.A.		CARROLL CO. Md.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
WESTMINSTER	106 PENNA. AVE.	HOUSE-WIFE.			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER	
MARYLAND	CARROLL	WESTMINSTER		106 PENNA. AVE.	
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
WILLIAM	N.	GROSSE	ELIZABETH		SAUBLE
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
			STERLING L. SNYDER	SAME ADDRESS	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14 HRS

DUE TO, OR AS A CONSEQUENCE OF

(b) CORONARY ARTERIOSCLEROSIS — 3½ MOS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from DECEMBER, 1964, to JAN 26, 1968, that (I) (we) last saw the deceased alive on JAN 20 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED
William L. Stewart			JAN 26, 1968
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS		
WILLIAM L STEWART	19 RIDGE RD. WESTMINSTER, MD.		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	1/29/68	LEISTERS CEMETERY	RURAL WESTMINSTER, MD	
24. FUNERAL DIRECTOR	ADDRESS	25a. RECEIVED BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
E. E. Myers Jr.	Westminster, Md.	JAN 30 1968	Charles Jones	

VR A15 (4) 30M REV 1/68

1

98730

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00730

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR
LUTHER	AUSTIN	SNYDER	JAN. 22 68	10A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS HOURS / MIN
MALE	WHITE	NOV. 10 1897	70 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH
CARROLL COUNTY, MD.	U.S.A.		CARROLL Co. Md

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
WESTMINSTER	CARROLL Co. GEN. HOSP.	BUTCHER	MEAT PACKERS

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER
MD.	CARROLL	WESTMINSTER		20 E. GEORGE ST.

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
NOAH	C.	SNYDER	MARY		KRUMRINE

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17. INFORMANT	Address
	214-01-0483	JOHN E. LONG, JR	20 E. GEORGE ST. WESTMINSTER MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage

4120

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Hypertensive atherosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROX. INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

44

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I **certify** that (I) (this hospital) attended the deceased from Jan 13, 1968, to Jan 22, 1968, that (I) (we) last saw the deceased alive on Jan 22, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ([redacted] (did) ([redacted]) view the body after death.

22b. SIGNATURE					22c. DATE SIGNED
John S. Harshey, M.D.	DEGREE	ATTENDING PHYS. ☑	MED. DIRECTOR ☐	STAFF PHYS ☐	1/22/68

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
JOHN S. HARSHEY, M.D.	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	1/25/68	LEISTERS CEMETERY	RURAL WESTMINSTER, MD.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
J. E. Myers Jr.	Westminster, Md.	JAN 24 1968	Clarence Zinn

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06731 — 00731

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1. DECEASED-NAME (Type or print) First: GEORGE Middle: CLARENCE Last: STEM
2a. DATE OF DEATH Month: 1 Day: 27 Year: 48
2b. HOUR: 9 55 PM
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: FEB 20 1883
6. AGE (In years last b'rthday): 64 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: CARROLL CO. Md
10. CITY OR TOWN OF DEATH: RT #7 WESTMINSTER
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): STONE ROAD
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FARMER
12b. KIND OF BUSINESS OR INDUSTRY: FARM
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND
13b. COUNTY: CARROLL
13c. CITY OR TOWN: RURAL WESTMINSTER
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: BOX 301 A. RT #7 WESTMINSTER, MD
14. FATHER'S NAME First: CHARLES Middle: WESLEY Last: STEM
15. MOTHER'S MAIDEN NAME First: JOSEPHINE Middle: L. Last: HARTLEY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes give war or dates of service): —
16b. SOCIAL SECURITY NO.: 213-50-6189
17. INFORMANT: DAUGHTER MRS LILLIAN BOX 301A RT 7 WESTMINSTER, MD Address: WAREHIME

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic C.V.D. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years
4129
DUE TO, OR AS A CONSEQUENCE OF
(b)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
4221

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from 7/16/47, 19___, to 1/27/48, 19___, that (I) ~~(we)~~ last saw the deceased alive on 1/26/48 19___, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: M.E. Robertson MD DEGREE — ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 1/28/48
22d. PHYSICIAN'S NAME (Type): M.E. Robertson
22e. ADDRESS: New Windsor, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 30/1948
23c. NAME OF CEMETERY OR CREMATORY: MEADOW BRANCH
23d. LOCATION (City or Town) (County) (State): WESTMINSTER CARROLL, MD
24. FUNERAL DIRECTOR: James G. Saffell
ADDRESS: WESTMINSTER MD
25a. REC'D BY REGISTRAR DATE: JAN 30 1948
25b. REGISTRAR'S SIGNATURE:

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06732 — 00732

1. DECEASED NAME (Type or print): First Viola; Middle K.; Last Stevenson
2a. DATE OF DEATH: Month January; Day 3; Year 1968
2b. HOUR: 2 P M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: Aug 14, 1882
6. AGE (In years last birthday): 85 YRS. (If under 1 year: Months; Days. If under 24 hrs.: Hours; Min)
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY? U.S.A
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Manchester
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Long View Nursing Home
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: —
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore
13c. CITY OR TOWN: Reisterstown
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 54 Main Street
14. FATHER'S NAME: First John; Middle —; Last Klausman
15. MOTHER'S MAIDEN NAME: First Sarah; Middle —; Last Dell
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 220-44-5154
17. INFORMANT: George Stevenson
Address: 7110 Rockridge Rd, Baltimore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic cardio vascular Disease — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c) —
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 427

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Fx

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 10/28, 1967, to Jan 5, 1968, that (I) (we) last saw the deceased alive on 1/1, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W H Foard M.D — DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 1/5/68
22d. PHYSICIAN'S NAME (Type): W. H. Foard MD
22e. ADDRESS: Manchester, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 8, 68
23c. NAME OF CEMETERY OR CREMATORY: Wards Chapel Cemetery
23d. LOCATION (City or Town) (County) (State): Randallstown, Md.
24. FUNERAL DIRECTOR: J. F. Cline & Sons
ADDRESS: Reisterstown, Md.
25a. REC'D BY REGISTRAR DATE: JAN 9 1968
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A(6-4)
30M REV. 1/68

00733

Items 23a,b,c&d Film G396 1/16/

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00733

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A (5-41) 30M REV 1/68

1. DECEASED-NAME (Type or print) First	Louise	Middle Anna	Last Sullivan
2a DATE OF DEATH Month Day Year	January 9 1968	2b HOUR	12:05 M
3 SEX	Female		
4. RACE	White		
5. DATE OF BIRTH	November 8, 1902		
6 AGE (in years last birthday)	65 YRS.	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
7a BIRTHPLACE (State or foreign country)	Baltimore, Md.		
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.		
8. MARRIED [*] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]			
9 COUNTY OF DEATH	Carroll Md		
10 CITY OR TOWN OF DEATH	Westminster		
11. NAME OF HOSPITAL OR INSTITUTION (If not a hospital give street address)	Carroll County General Hospital,		
12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Housewife & Housework		
12b KIND OF BUSINESS OR INDUSTRY	Own home.		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland		
13b COUNTY	Carroll		
13c. CITY OR TOWN	Westminster R-2		
13d. INSIDE CITY LIMITS? YES [ ] NO [*]			
13e. STREET AND NUMBER	R-2, Westminster, Md.		
14. FATHER'S NAME First	Unknown	Middle	Last
15. MOTHER'S MAIDEN NAME First	Unknown	Middle	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	No		
16b. SOCIAL SECURITY NO.	None		
17. INFORMANT Address	Calvin W. Sulligan, Westminster, Md. R-2		

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 4120

DUE TO, OR AS A CONSEQUENCE OF

(b) Hypertensive Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

F.H.D.A

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES [ ] NO [*]	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED White at work [ ] Nat white at work [ ]	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from Nov 5, 1967, to Jan 9, 1968, that (I) (we) last saw the deceased alive on Jan 9, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE	John S. Harshey	DEGREE: ATTENDING PHYS [*] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c DATE SIGNED 1/9/68
22d. PHYSICIAN'S NAME (Type)	JOHN S. HARSHEY, M.D.	22e. ADDRESS	9 Anchor St. Westminster, Md.

23a BURIAL, CREMATION, REMOVAL (Specify)	Burial	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
		January 11, 68	Kriders Cemetery	Nr. Westminster, Carroll, Md.
24. FUNERAL DIRECTOR	Richard A Little	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b REGISTRAR'S SIGNATURE
		Littlestown, Pa.	JAN 11 1968	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06734 — 00734

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15(4) 30M REV 1-68

1. DECEASED-NAME (Type or print)	First: Annie	Middle: V.	Last: Thieret	2a. DATE OF DEATH Month: 1	Day: 6	Year: 68	2b. HOUR: 5 55 P M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 4/10/1887	6. AGE (In years last birthday): 80 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Carrroll	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll County Md				
10. CITY OR TOWN OF DEATH: Westminster, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Co. General	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c. CITY OR TOWN: Manchester	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER: 114 S. Main Street,			
14. FATHER'S NAME First: Jacob	Middle	Last: Wink	15. MOTHER'S MAIDEN NAME First: Annie Josephine	Middle	Last: Belschner		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO	17 INFORMANT: Mrs. Margaret Gouker	Address: Manchester, Md 114 S. Main St.				

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 DAYS

DUE TO, OR AS A CONSEQUENCE OF

(b): ARTERIOSCLEROTIC HEART DISEASE — 4 YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

(c):

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): CEREBRAL VASCULAR INSUFFICIENCY

19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f. LOCATION Street or R.F.D. No	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 12/29, 1967, to 11/6, 1968, that (I) (we) last saw the deceased alive on 11/6, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Rocca Jr.	M.D. DEGREE	ATTENDING PHYS ☒	MED DIRECTOR ☐	STAFF PHYS. ☐
22c. DATE SIGNED: 11/6/68				
22d. PHYSICIAN'S NAME (Type)	22e ADDRESS			

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/10/68	23c NAME OF CEMETERY OR CREMATORY: Manchester Cemetery	23d LOCATION (City or Town): Manchester, Md.	(County): Carroll (State)
24. FUNERAL DIRECTOR: Wayne V. Fraunfelter	ADDRESS: 269 Frederick St. Hanover	25a. RECD BY REGISTRAR DATE: JAN 10 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge	

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00735 Ella 00735

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Ella	Middle:	Last: Thomas	2a. DATE OF DEATH Month: 1	Day: 7	Year: 68	2b. HOUR: 7A M
3 SEX: Female	4 RACE: White	5. DATE OF BIRTH: 10-16-1877	6. AGE (In years last birthday): 90 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.		
7a BIRTHPLACE (State or foreign country): Italy	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 COUNTY OF DEATH: Carroll. Md.				
10. CITY OR TOWN OF DEATH: Manchester, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Longview Nursing Home 125 N. Main St.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife.	12b. KIND OF BUSINESS OR INDUSTRY: —				
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b COUNTY: Carroll	13c CITY OR TOWN: Manchester	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: None. main St. extended			
14 FATHER'S NAME First:	Middle:	Last: Marano	15. MOTHER'S MAIDEN NAME First: Unknown	Middle:	Last: ?		
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 218-07-2306	17 INFORMANT: Wayne K Thomas	Address: Manchester, Md. son			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b): Generalized Arteriosclerosis — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. **I certify** that (I) (this hospital) attended the deceased from June, 1957, to Jan 7, 1968, that (I) (we) last saw the deceased alive on Jan 6 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W H Foard M.D.	DEGREE	ATTENDING PHYS. ☑	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c DATE SIGNED: 1/7/68
22d. PHYSICIAN'S NAME (Type): W. H. Foard M.D.	22e. ADDRESS: Manchester, Md 21102				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 10, 1968	23c. NAME OF CEMETERY OR CREMATORY: Immanuel Cemetery	23d LOCATION (City or Town): Manchester	(County): Carroll (State): Md.
24. FUNERAL DIRECTOR: Tipton & Eline Funeral Home	ADDRESS: Hampstead, Md.	25a. REC'D BY REGISTRAR DATE: JAN 10 1968	25b. REGISTRAR'S SIGNATURE:	

VR A 17(4)
30M REV 1/68

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00736 00736

1 DECEASED NAME (Type or print) First: VERNON	Middle: Jerome	Last: Trescott, Sr.	2a. DATE OF DEATH Month: JAN. Day: 20, Year: 1968	2b. HOUR M		
3 SEX: Male	4. RACE: White	5. DATE OF BIRTH: Aug. 19, 1915	6. AGE (In years last birthday) 52 YRS	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS HOURS / MIN	
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 COUNTY OF DEATH: Carroll Md.			
10 CITY OR TOWN OF DEATH: Sykesville	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Route 32	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Laborer	12b KIND OF BUSINESS OR INDUSTRY: D.C.A. Industries			
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Sykesville Md.	13b. COUNTY: Carroll	13c CITY OR TOWN: Sykesville	13d INSIDE CITY LIMITS? YES ☐ NO ☒	13e STREET AND NUMBER: Route 32		
14. FATHER'S NAME First: Ruben	Middle: -	Last: Trescott	15 MOTHER'S MAIDEN NAME First: Unknown	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO 215-03-6954	17 INFORMANT: Mrs. Gladys Trescott	Address: Sykesville, Md.		

MED. CAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute coronary thrombosis

DUE TO, OR AS A CONSEQUENCE OF

(b) Rheumatic heart disease with valular lesions

DUE TO, OR AS A CONSEQUENCE OF

(c) Cardiac arrest.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1955 through 1/20/68

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from _____, 19 55, to Jan. 20, 19 68, that (I) (we) last saw the deceased alive on Jan. 20, 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Howard E. Hall M.D. DEGREE	ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 1/22/68	
22d. PHYSICIAN'S NAME (Type) Howard E. Hall, M.D.	22e ADDRESS Sykesville, Maryland		

23a BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-23-68	23c. NAME OF CEMETERY OR CREMATORY Lake View Cemetery	23d LOCATION (City or Town) Sykesville	(County) (State) Md
24. FUNERAL DIRECTOR Harry W. Haight	ADDRESS Sykesville, Md.	25a REC'D BY REGISTRAR DATE JAN 24 1968	25b REGISTRAR'S SIGNATURE Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06737

CERTIFICATE OF DEATH

00737

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH — a. COUNTY: Carroll — MARYLAND
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) — a. STATE: Maryland — b. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural--Sykesville
c. LENGTH OF STAY IN 1b: 2y. 7m. 7days
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Springfield State Hospital
d. STREET ADDRESS: 4820 Auburn Avenue
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Mary — Middle: Frances — Last: Ward
4. DATE OF DEATH: Month: 1 — Day: 3 — Year: 19 68
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10/04/08
9. AGE (In years last birthday): 59 yrs
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): receptionish
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (County & State, or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Dunnington
14. MOTHER'S MAIDEN NAME: Mary Jetti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): no
16. SOCIAL SECURITY NO: 216-40-5370
17. INFORMANT — Address: Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a): Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO
(b)
DUE TO
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4129
4321

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Involutional psychotic reaction.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (☒) (this hospital) attended the deceased from 5/26/ , 1965 , to 1/3/ , 1968 , that ☒ (we) last saw the deceased alive on 1/3/ 1968 , and that death occurred at 9:25 a.m. p.m., from causes and on the date stated above

22a. SIGNATURE: Renato R. Espina, M.D.
ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒
22b. DATE SIGNED: 1/3/68
22c. PHYSICIAN'S NAME (Type): Renato R. Espina, M. D.
22d. ADDRESS: Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: Jan 5/68
23c. NAME OF CEMETERY OR CREMATORY: Parklawn
23d. LOCATION (City or town) (County) (State): Rockville Montg Md

24. FUNERAL DIRECTOR: Ernest C. Gartner — ADDRESS: Gaithersburg Md.
25a. RECD BY REGISTRAR DATE: JAN 8 1968
25b. REGISTRAR'S SIGNATURE: Juliette Judge

VR A15 (4) 25M 1/67

1

FOR STATE HEALTH DEPT.

PM3 Page I

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00738 — 00738

Item	Entry
1 DECEASED-NAME (Type or Print) First / Middle / Last	MARGARET C WELSH
2a DATE OF DEATH — KNOWN [X] ESTIMATED [ ] Month Day Year	1-13 1968
2b HOUR	12:30 P M
3 SEX	Female
4 RACE	White
5 DATE OF BIRTH	May 17, 1911
6 AGE (in years last birthday)	56 YRS
If under 1 year: Months / Days; If under 24 hrs: Hours / Min.	
2c DATE PRONOUNCED DEAD	Month 1 Day 13 Year 1968
2d HOUR	12:30 P M
7a BIRTHPLACE (State or foreign country)	D. C.
7b CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	Widowed
9 COUNTY OF DEATH	Carroll Md.
10 CITY OR TOWN OF DEATH	Sykesville
11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Route 26
12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Housewife
12b KIND OF BUSINESS OR INDUSTRY	Home
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Sykesville
13b COUNTY	Carroll
13c CITY OR TOWN	Sykesville
13d INSIDE CITY LIMITS? YES [ ] NO [X]	No
13e STREET AND NUMBER	White Rock Road
14 FATHER'S NAME First / Middle / Last	Thomas - Bayne
15 MOTHER'S MAIDEN NAME First / Middle / Last	Margaret C. Fagan
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No
16b SOCIAL SECURITY NO.	578 40 9676
17 INFORMANT / ADDRESS	Mrs. Margaret [illegible] Granite[illegible], Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Crushed Left Chest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

121

DUE TO, OR AS A CONSEQUENCE OF (b) Multiple Injuries

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

Item	Entry
19a. DATE OF OPERATION	
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
20. AUTOPSY? YES [ ] NO [X]	No
21a EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	Primary
21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	12:20 P M 1-13 1968
21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)	Riding in car going east on Rt 26 Car turned left & then struck bridge [illegible]
21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	
21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	Route 26
21f LOCATION Street or R.F.D. No. / City or Town / County / State	1 Mi East Eldersburg Carroll Md

22a. **I certify** that I took charge of the remains described above, held on Autopsy [ ], Inspection [X], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: W. Glenn Speicher M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

EXAMINER'S NAME (Type)

22b DATE SIGNED: 1-13-68

ADDRESS (Street, City or Town, County): 135 E. Main [illegible] Westminster Carroll Md

Item	Entry
23a BURIAL, CREMATION, REMOVAL (Specify)	Burial
23b DATE	1-16-68
23c NAME OF CEMETERY OR CREMATORY	Gates of Heaven
23d LOCATION (City or Town) (County) (State)	Norbeck, Md.
24. FUNERAL DIRECTOR / ADDRESS	Harry W. Haight Sykesville, Md.
25a REC'D BY REGISTRAR DATE	JAN 17 1968
25b REGISTRAR'S SIGNATURE	[illegible]

VR A15ME (5) 10M REV 1/68

7 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

00739

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00739

1. DECEASED-NAME (Type or print) First: AnnaMary Middle: Mandilla Last: Wert 2	2a. DATE OF DEATH Month: Jan Day: 26 Year: 68	2b. HOUR 11:05 P M			
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: Jan 29 - 1879	6. AGE (In years last birthday): 88 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Carroll Co	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md		
10. CITY OR TOWN OF DEATH: Manchester	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 300 S. Main St.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c. CITY OR TOWN: Manchester	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET AND NUMBER: 300 S. Main St.	
14. FATHER'S NAME First: Henry Middle: Last: Wienty	15. MOTHER'S MAIDEN NAME First: Ellen June Middle: Last: Reinecker				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No	If yes give year or dates of service:	16b. SOCIAL SECURITY NO.: 220 44-1965	17. INFORMANT: Mrs Carroll Dawn Henty	Address: Manchester, Md	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF
(b): Arteriosclerotic Cardio Vascular Disease — 5 yrs
DUE TO, OR AS A CONSEQUENCE OF
(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4127

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 12-04, 19 67, to Jan 26, 19 68, that (I) (we) last saw the deceased alive on Jan 26 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W H Foard M.D — DEGREE — ATTENDING PHYS ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 1/27/68

22d. PHYSICIAN'S NAME (Type): W. H Foard M.D — 22e. ADDRESS: Manchester Md 21102

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Jan. 29, 1968	Manchester Cemetery	Manchester Carroll Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Tipton - Eline Funeral Home Hampstead, Md.	FEB 1 1968	Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00740

00740

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1968

1. DECEASED-NAME (Type or print)	First: Joseph	Middle: Robert	Last: Williams Sr.	2a. DATE OF DEATH: Month 1 / Day 15 / Year 68	2b. HOUR: 905 AM
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Sept. 25, 1910	6. AGE (In years last birthday): 57 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Md.	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.		
10. CITY OR TOWN OF DEATH: Westminster	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Co. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer	12b. KIND OF BUSINESS OR INDUSTRY: Farming		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c. CITY OR TOWN: Finksburg	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Bollinger Mill Rd.	
14. FATHER'S NAME First: Harry	Middle: Clifton	Last: Williams	15. MOTHER'S MAIDEN NAME First: Ada	Middle: Alveta	Last: Parrish
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No	(If yes give war or dates of service): ----	16b. SOCIAL SECURITY NO: ?	17. INFORMANT: Mrs. Virgina Williams	Address: Finksburg, Md.	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 HOURS
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
(b) ARTERIOSCLEROTIC HEART DISEASE — YEARS
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1/15, 1968, to _____, 19____, that (I) (we) last saw the deceased alive on 1/15 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Frioccio Jr MD DEGREE — ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS ☐			22c DATE SIGNED: 1/15/68
22d. PHYSICIAN'S NAME (Type): Dr. Vincent J. Frioccio Jr	22e. ADDRESS: Westminster, Md.		

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 1-10-68	23c NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery	23d LOCATION (City or Town): Carroll Co.	(County) (State): Md.
24 FUNERAL DIRECTOR: Harry W. Haight	ADDRESS: Sykesville, Md	25a REGISTRAR DATE: JAN 17 1968	25b REGISTRAR'S SIGNATURE: Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06741 — 00741

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 5(4) 30M REV. 7/68

1. DECEASED-NAME (Type or print) First / Middle / Last	Solomon N. Williams	2a. DATE OF DEATH Month / Day / Year	1 / 5 / 68
2b. HOUR	9:40 P M		
3. SEX	Male	4. RACE	Negro
5. DATE OF BIRTH	12/25/09	6. AGE (In years last birthday)	58 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country)	Maryland	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH	Carroll Md.
10. CITY OR TOWN OF DEATH	Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Springfield State Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	Guard	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Wash. Co.
13c. CITY OR TOWN	No fixed address	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	
13e. STREET AND NUMBER	unknown		
14. FATHER'S NAME First / Middle / Last	Jacksburg Williams	15. MOTHER'S MAIDEN NAME First / Middle / Last	Margaret Young
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.	216-03-5632
17. INFORMANT Address	Hospital Records		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Glomerulo-nephritis — months

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): CBS assoc. with brain trauma, gross force, without qualifying phrase

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 7/27, 19 63, to 1/5, 19 68, that (I) (we) last saw the deceased alive on 1/5/ 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death

22b. SIGNATURE	Suha Ozgun.	DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS [X]	22c. DATE SIGNED 1/8/68
22d. PHYSICIAN'S NAME (Type)	Suha Ozgun, M. D.	22e. ADDRESS	Springfield State Hospital, Sykesv., Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan. 24-68	23c. NAME OF CEMETERY OR CREMATORY Natl. Bd. of Md. U. of M.	23d. LOCATION (City or Town) BALTIMORE	(County) Md. (State)
24. FUNERAL DIRECTOR	ADDRESS Powell Funeral Home, Ellicott City, Md.	25a. REC'D BY REGISTRAR DATE JAN 25 1968	25b. REGISTRAR'S SIGNATURE Charles Judge	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06742 00742

1

1. DECEASED NAME (Type or print)	First: Caroline	Middle: Fleming	Last: Winters	2a. DATE OF DEATH: Month 1 Day 29 Year 68	2b. HOUR: 7:50 am		
3. SEX: female	4. RACE: white	5. DATE OF BIRTH: 03/04/06	6. AGE (In years last birthday): 61 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Carroll Md				
10. CITY OR TOWN OF DEATH: Rural--Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): waitress	12b. KIND OF BUSINESS OR INDUSTRY: ------				
13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Md.	13b. COUNTY: ~~Baltimore~~	13c. CITY OR TOWN: Baltimore	13d. INSIDE CITY LIMITS? YES [X] NO [ ]	13e. STREET AND NUMBER: 1924 Crestview Rd. ~~1500 Madison Avenue~~			
14. FATHER'S NAME: First S. Middle Joseph Last Zimmerman	15. MOTHER'S MAIDEN NAME: First Florence Middle - Last McDonald						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-07-3755	17. INFORMANT: Springfield Hospital records, Sykesville, Md. (Address)					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Infected heels — days

DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Chronic brain syndrome with presenile brain disease with behavioral reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ] | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that [X] (this hospital) attended the deceased from 9/30/, 19 67, to 1/29/, 19 68, that [X] (we) last saw the deceased alive on 1/29/ 19 68, and that in [X] (our) opinion death occurred on the date and hour and from the causes stated above, [X] (we) (did) (did not) view the body after death.

22b. SIGNATURE (DEGREE): Naci N. Buyukunsal M.D. — ATTENDING PHYS [ ] MED. DIRECTOR [ ] STAFF PHYS. [X] — 22c. DATE SIGNED: 1/29/68

22d. PHYSICIAN'S NAME (Type): Naci N. Buyukunsal, M.D. — 22e. ADDRESS: Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	Feb. 2-1968	Mt. Olivet Cemetery	Frederick- Md. 21701

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
M.R.Etchison & Son Elwood T.	Frederick, Md. 21701	DATE FEB 2 1968	Charles Jones

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00743 (00743)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 1 (R)
30M REV. 7/68

1. DECEASED-NAME (Type or print)	First: EDNA	Middle: PEARL	Last: WITT	2a. DATE OF DEATH Month: January	Day: 9	Year: 1968	2b. HOUR: 12:50 PM
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 3-31-1896	6. AGE (In years last birthday): 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.		
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Carroll Md.				
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: --				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Allegany, Mt. Savage	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Route # 1			
14. FATHER'S NAME First: Thomas	Middle: -	Last: Frankenberry	15. MOTHER'S MAIDEN NAME First: Martha	Middle: -	Last: Miller		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 215-10-1211	17. INFORMANT: Springfield State Hospital Sykesville, Maryland 21784					

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute peritonitis — Approximate interval between onset and death: Day

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b): Incarcerated ventral hernia with perforation of cecum — Days or Week

DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic cardiovascular disease — Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [X] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (X) (this hospital) attended the deceased from December 21 19 66, to January 9, 19 68, that (X) (we) last saw the deceased alive on January 9 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Dr. Antonius Glahn DEGREE: ATTENDING PHYS. [ ] MED. DIRECTOR [ ] STAFF PHYS. [X]		22c. DATE SIGNED: 1-9-68
22d. PHYSICIAN'S NAME (Type): Antonius Glahn, M. D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784	

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/12/68	23c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery	23d. LOCATION (City or Town) (County) (State): Mt. Savage, Md.	
24. FUNERAL DIRECTOR ADDRESS: Joseph R. Durst, Sr., Frostburg, Md. 21532	25a. REC'D BY REGISTRAR DATE: JAN 15 1968	25b. REGISTRAR'S SIGNATURE: Charles Judge		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

00744 (top) 00744

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15(M) 30M REV. 1-68

1. DECEASED-NAME (Type or print) First / Middle / Last	Frank / McClellan / Zent	2a. DATE OF DEATH Month / Day / Year	1 / 11 / 68
2b. HOUR	8:22 P.M.		
3. SEX	Male		
4. RACE	White		
5. DATE OF BIRTH	August 24, 1881		
6. AGE (In years last birthday)	86 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country)	Maryland		
7b. CITIZEN OF WHAT COUNTRY?	U.S.A.		
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]			
9. COUNTY OF DEATH	Carroll Md.		
10. CITY OR TOWN OF DEATH	Westminster		
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Carroll Co. Gen. Hospital		
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Probate Investigator		
12b. KIND OF BUSINESS OR INDUSTRY	Law		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland		
13b. COUNTY	Carroll		
13c. CITY OR TOWN	Taneytown		
13d. INSIDE CITY LIMITS? YES [X] NO [ ]			
13e. STREET AND NUMBER			
14. FATHER'S NAME First / Middle / Last	William F. / Zent		
15. MOTHER'S MAIDEN NAME First / Middle / Last	Margaret / Neady		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	No		
16b. SOCIAL SECURITY NO.	496-36-0583		
17. INFORMANT Address	Mrs. F.A.Grimmett, 3660 Glenmere, Youngstown, Ohio		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

DUE TO, OR AS A CONSEQUENCE OF

(b) ARTERIOSCLEROTIC HEART DISEASE — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 410.9

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

4201

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 1/9, 1968, to 1/11, 1968, thot (I) (we) last saw the deceased alive on 1/11 1968, and thot in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	Vincent J. Fiocco Jr.	DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED 1/11/68
22d. PHYSICIAN'S NAME (Type)	Vincent J. Fiocco, Jr.	22e. ADDRESS	Westminster, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
Cremation	1/16/68	Loudon Park Cemetery	3801 Frederick Ave. Baltimore,	Md.
24. FUNERAL DIRECTOR	C.O.Fuss & Son	ADDRESS	Taneytown, Md.	
25a. REC'D BY REGISTRAR DATE	JAN 17 1968	25b. REGISTRAR'S SIGNATURE	Charles Jones	